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ORIGINAL COMMUNICATIONS.

Report of Cases of Scarlatina, having relation to the question of the contagiousness of that disease. By J. K. MITCHELL, M. D., Professor of the Practice of Medicine in Jefferson Medical College of Philadelphia.

Some years ago I was summoned to attend at the residence of an intimate friend, two of whose children, aged four and six respectively, had been simultaneously attacked by convulsions. On my arrival, they were quiet and drowsy, the spasmodic movements having entirely ceased. These children were, at the time of attack, in different apartments, and while the mother was busy in aiding the elder, who happened to be in her chamber and presence, one of the servants brought the other in her arms from the parlour below. No difference in time or symptoms marked distinctively these cases.

I inferred that either these children had taken some poison at the same time, *per orem*, or had been exposed at the same instant to some noxious *effluvium*, or that they were simultaneously attacked by a contagious disorder. As the patients were soon restored to sense and animation, and complained only of a sense of oppression, and presented much heat of skin, and very rapid pulses, (135 and 142,) I supposed that they were about to have scarlatina; a disease at that time epidemic to a moderate degree.

The most careful inquiry could detect no instance of exposure to a case of that disease. The children had been confined to the house by the inclemency of the wintry weather, and no visitor

had been received from any infected quarter; neither was there any case in the immediate neighborhood. These appeared sufficient reasons for a doubt as to the correctness of my suggestion, on the part of the head of the family, who believed in the propagation of scarlatina solely by contagion. But on the following day, *about twenty-four hours* after the attack, the characteristic eruption of scarlet fever put an end to the difficulty as to the nature of the disease. The cases were then attributed to general causes, atmospheric or epidemic; but as no other children, of which there were many in the immediate vicinity, were seized, the question of origination seemed still difficult to perfectly settle.

The cases pursued the usual course, neither of them being as severe as might have been expected from the violence of the onset; but both were, by symptoms and stages and consequences, fully characterized.

After the inquiry as to origin had ceased, the severe illness of the child of a friend of the family, *unheard of before*, led to an apparent solution of the difficulty. It was then remembered that exactly eight days before the attack of the children, a frock had been borrowed from that friend as a pattern; and both the children, being nearly of one size, had tried it on. That frock, being a favourite of the child then ill with the scarlet fever, had been hung on the post of the crib to please it; and had been, when sent for, wrapped up in the sick-room, and thus conveyed, without thinking of contagion, to the house of the borrower, at a distance of nearly two squares.

Three years after the period at which these two cases happened, a commercial gentleman, of high character and beneficent activity, was accosted at the door of his warehouse by a poor woman who carried in her hand a basket of cakes. She stated that her child was dead of scarlet fever, and that she had been compelled to go out in search of the means of making a decent interment. Having had some previous knowledge of the woman, and believing her story therefore to be true, and wishing to aid her, he bought, at a high price, the cakes and the basket, and he and his son, a youth of 15 years of age, without due consideration, ate some of the cakes. About a week afterwards, on the same day, both were seized with a chilliness followed by fever, sore throat and scarlet rash, characteristic of scarlatina, and were subsequently very ill. At that time scarlatina prevailed in the district of Southwark, but I did not know of a single case in the city proper. The woman was from Southwark.

The apparent capriciousness of the contagious principle in scarlatina, must have been observed by almost every practitioner. In one instance, the introduction of a case into a family or village has been followed by a general prevalence of the disease in the house or town, while in other and numerous instances it has

ceased with a case or two ; seeming to languish under apparently the most favorable circumstances. This discrepancy can be explained only by the supposition that, as in certain floral conditions, unfertile germs or cells are sometimes produced, or that there is found in the air, or the physical condition of the recipients, disqualifying potency. The only other probable assumption is that of the existence of two different diseases, so much alike in external phenomena as to forbid discrimination, in the present state of our knowledge.

That the second of these suppositions is sometimes, if not always, the most probable, is sustained by the fact that the virus of *variola* and *vaccinia*, when carefully selected in one place, sometimes fails to propagate disease in another place. Even small pox, when brought from sea into the Singapore Hospital, did not for nearly two years extend to the residents of the house or the place, while during that period all the efforts to vaccinate were abortive. So soon, however, as the vaccinators were successful, the small pox was observed to spread also. The new doctrine of the propagation of contagious diseases by cells or their nuclei, which possess a qualified vitality and power of assimilation and reproduction, leads to the opinion that these germs are sometimes destroyed or disarmed by some other poison.

Successful Case of Lithotomy and the removal of three Calculi, in a boy three years old. By RUFUS HAYWOOD, M. D., of Tuscaloosa, Alabama.

Communicated in a letter to Professor PANCOAST.

In the month of April last, a boy three years old, the son of Mr. Walker, of Livingston, was brought to me with stone in the bladder. He had shown symptoms of it from the time he was six weeks old. These became more and more aggravated until he was two years old. At this age the pain became excessive, and the straining to pass his urine caused the rectum to protrude at each effort about two inches, showing a highly injected condition of the mucous coat. This symptom continued to the time of the operation. During the previous summer and winter he had attacks of intermittent fever. When he came to Tuscaloosa, he had tertian intermittent.

In two or three weeks he was relieved of the fever, and his general health was much improved. His system being now in as good condition as, from his previous history, I could reasonably expect to get it, I concluded that farther delay would be unne-

cessary. I therefore performed the operation, and extracted three calculi, the aggregate weight of which would probably have been two ounces.

The lateral operation was the one adopted; and I never had a patient to do better after an operation for the space of six or seven days. The case, at this time, became complicated with diarrhœa, (which was then prevailing as an epidemic,) which lasted twelve or fifteen days, embarrassing the treatment and retarding the cure.

The diarrhœa was at length arrested, and his health in a short time entirely restored.

The protrusion of the rectum, which was to him a source of as great annoyance as the calculi themselves, disappeared from the time of the operation, and he has had no symptoms of it since. The operation succeeded perfectly.

Tuscaloosa, December 11, 1844.

The following analysis of the calculi so successfully removed by Dr. Haywood, in this very interesting case, was made by Professor BRUMLEY, of the University of Alabama.

UNI, May 18, 1844.

My Dear Sir,—As I supposed your treatment of your patient might require an immediate examination of the calculus which you gave me this morning, I began the analysis of it soon after you left my laboratory.

In its size, oval form, yellowish brown colour externally, and yellowish white internally, laminated structure, smooth and hard, yet blistered surface, and comparative brittleness, it appeared to me to agree with the descriptions given by chemists of either the uric acid or the phosphate of lime calculus.

In water it is insoluble, but emits a few bubbles of air, softens slightly, loses colour, swells, and yields a small quantity of mucus, &c.

In ammonia, cold or hot, it whitens, but does not dissolve. It is insoluble in hot diluted muriatic acid. Nitric acid dissolved it readily with violent effervescence, owing to the formation and escape of carbonic acid. The solution, nearly colourless, being evaporated on a plate of glass, yielded a brownish matter, the edges of which were coloured very distinctly with the purple tinge of purpurate of ammonia, now called muroxid. A piece of it was heated on charcoal. It became black, did not fuse, gradually evaporated, or was consumed, leaving a mere trace of earthy matter, the nature of which I did not examine, as I was sure it was not phosphate of lime. Another piece, large as a pea, was then heated to redness in a long test tube of small dia-

meter. It was not fused, became black, and sublimed, except a small quantity of charcoal. On the sides of the tube a white solid was deposited. Another portion was heated in a solution of pure potassa, and was readily dissolved. From the solution, dilute muriatic acid threw down a white precipitate, which was found to be *uric acid*. I could not discover any odour of ammonia.

I am, therefore, satisfied, that the specimen you gave me is a remarkably distinct example of the uric acid calculus. I began its examination with the belief, that it would prove to be the phosphate of lime. I was mistaken. The results of all the experiments were so distinct, that I wish you had been with me.

Yours truly,
R. T. BRUMLEY.

Case of Catalepsy, with convulsions of the right arm. By
JOHN W. IRBY, M. D., of Blacks and Whites, Nottoway
County, Virginia.

Communicated in a letter to the Editor.

A young woman, naturally healthy and of strong constitution, gave birth to her fifth child on the 27th of November last, after a natural labour. She did well until the 3rd of December, when she was attacked with symptoms "of phlegmasia dolens," a disease under which she had laboured in a former confinement. I saw her on the 5th: she then had no fever, nor had she had any of consequence. I directed 6 grs. of calomel with dover's powder, to be repeated in five hours, and flannel wrung out of hot vinegar and salt, to be applied every hour to the effected limb. On the morning of the 6th she took a dose of castor oil, which operated well, and she felt much better. A continuation of the fomentations, and oil when necessary, with bland diet, relieved all the symptoms of phlegmasia dolens in a few days, so that on the 9th, 10th and 11th, she expressed herself as feeling entirely well except an occasional headache. I saw her on the morning of the 11th, and she was then up, walking about her room, and continued up all the day, occupied in sewing or knitting: her bowels were in good order, and she said the cold in her head was better, and that she was very well except a slight soreness in the back of her neck: during the day she had complained of a darting pain in her jaws, which lasted but a short time. That evening (11th) while sitting by the fire knitting, she got up to walk across the floor, and fell suddenly, saying that her left side was dead, (it was the right leg that was affected with phleg-

masia dolens.) I saw her a few minutes after; she was on her back, breathing naturally, her pulse not disturbed, her head thrown back and her eyes turned upwards; the pupils dilated, the iris not affected by light; her whole left side as cold as marble; the leg and arm of that side perfectly stiff and defying any attempt to bend them; her *right* arm moving incessantly, like one beating eggs. She was speechless, and I suppose insensible; showing no signs of recognition, hearing or feeling. I gave her an emetic, which, as she appeared not to know that any any thing was in her mouth, I had much difficulty in getting down; it acted well, but during its operation she did not change the position of her head, nor did her eyes move.

Although her bowels had been moved twice during the day, I gave her a dose consisting of 15 grains each of jalap and rhubarb, with 10 grains of calomel; hoping that by a strong impression on her bowels, the great disturbance of nervous function might be relieved; and also applied cups to the temples and nape of the neck, and blisters to the calves of the legs.

Morning of the 12th. Symptoms the same; has not moved any part of her body except the right arm, which continues to go as if propelled by steam; pulse and respiration natural; medicine not having operated, ordered turpentine injections, which procured one stool; blisters drew well; applied cups again to temples and neck; by night, arm became still, but paralysed; never flinched while dressing the blisters; pulse natural and breathing good; pupils contract slightly on the approach of light; upper extremities and left leg stiff.

13th. Pupils more sensible to light; winks her eyes occasionally, pulse and breathing natural; injection of senna and salts, which operated well; took a little nourishment with much difficulty; rubbed mercurial ointment in the groins and axilla.

14th. Pupil very sensitive to light; pulse and breathing good; continued mercurial ointment. 9 P. M., feet and hands cold; dripping perspiration; pulse frequent and feeble; dressed her blisters with quinine, and administered stimulants, which kept her alive until the night of the 15th, when she expired.

December 23, 1844.

To the Editor of the Medical Examiner.

Lancaster, December 23d, 1844.

MY DEAR SIR.—I replied to your strictures on my Introductory Lecture before the members of my class on the same evening of their publication in the Examiner. To them, of course, a reply was due, and here I intended to have left the matter. But

after-reflection has convinced me that the pages of the Examiner are its proper place ; because the question of the cause of Malaria not being settled, the observation which has fallen from you, an eminent teacher, and editor of a periodical extensively circulated—may not only have a tendency to stifle inquiry, but reflect injuriously on me for advancing opinions which, you say, have been “every where rejected as inconsistent with undoubted facts.” Your very frank and courteous manner in discussing this question at your house, on the 12th inst., leads me to believe that this course will be perfectly acceptable to you, and that you will cheerfully publish this letter, which contains, in substance, with slight additions, the reply I made to your objections then.

As I had not positively stated that sulphuretted hydrogen was the miasmatic agent, of course any argument to the contrary was uncalled for. I did, however, assert, what I now re-assert, that “there is a well grounded *supposition* that the injurious effects of malarious districts are dependent upon the presence of this compound gas ; and *should this prove to be the case*, it will afford a beautiful explanation of the manner by which chlorine acts the part of a disinfecting agent.” (*Introductory Lecture*, p. 11.) Nor am I aware, that “this suggestion,” “made a few years ago by a distinguished European,” “was *everywhere* rejected as inconsistent with undoubted facts.”” (*Med. Exam.* Dec. 14, 1844, p. 298.) I would refer you, and your readers, to an able essay, “*On the Active Principles of Malaria*,” by Daniel P. Gardner, M. D., Prof. of Chem. in Hampden Sidney College, Virginia, published in the April number, 1843, of the American Journal of Medical Science, p. 279.

Your argument, in reference to the evolution of this gas in large cities, if it prove anything, goes rather to establish the position you are combating. If “the inhabitants of large cities are *continually* breathing an atmosphere *highly charged* with this offensive gas,” why is it that the sense of smell is never offended by it? I admit that there are constant sources of sulphuretted hydrogen in large cities, and the fact you adduced in conversation is a sufficient proof of it—that the white paint in the city of Philadelphia is almost immediately tarnished by this gas. This very fact, fortunately, cannot be reasoned away, and proves how sulphuretted hydrogen may act the part of a miasmatic agent in country districts, while it is stripped of its devastating influence in large cities. The metallic bases of the paints on the numerous buildings, act as disinfecting agents. No sooner is sulphuretted hydrogen eliminated, than the paint attacks it, and either forms a sulphuret with its metallic base, or a hydrosulphate with its oxide—thus, in either case, at once destroying its miasmatic character, and protecting the inhabitants of cities both from its ma-

larios influence, and the necessity of respiring and smelling this most "offensive gas." In country districts, however, it is permitted to have full and free scope, unchecked by these disinfecting agents. If, therefore, sulphuretted hydrogen be miasma, any agent which completely changes its character, either by decomposition or through new combinations, must destroy its malarious influence; and, consequently, if "cities are the most exempt from malarious diseases," even where the "atmosphere is highly charged with this offensive gas," it must be because the bane has here its antidote. Besides, other substances are evolved with it in cities, which have a tendency to affect its character.

I am not fond of controversy, nor do I desire to engage now in the discussion of this question. I may, however, at some future time take up its consideration, and endeavour to satisfy my own mind, whether there is any miasmatic agent that has more than a *hypothetical* existence. For the present, I shall consider that *sulphuretted hydrogen* is as well-founded a *supposed* agent as any other.

With regard to medical chemistry: I *know* that a few years ago *medical* chemistry was *not* taught in Philadelphia, and I think it cannot be asserted that it "is now very generally" taught in Medical Colleges. My observations, therefore, on this subject, are not inappropriate, neither are they *personal*, at least I have not made them so. With the views I entertain of chemical teaching to a medical class, I cannot but rejoice in your assurance, that I have the "example as well as countenance" of other and more distinguished men in endeavouring to accomplish a necessary reform, by pursuing a course, which *I had planned for myself*, unconscious of the existence of abler coadjutors.

Hoping that our intercourse, as heretofore, may be frank and friendly,

I remain yours very respectfully,

WASHINGTON L. ATLEE.

To Prof. R. M. Huston.

It is the general practice of Journalists, we believe, to exclude *reclamations*, as the only way to avoid confusion and unpleasant collisions. We have deviated from this rule by the insertion of Professor Atlee's letter, because he thinks our remarks on his Lecture are calculated to "reflect injuriously" on him as a medical teacher; but in doing so it is not our purpose to establish a precedent for our editorial guidance on any future occasion. Nothing was farther from our thoughts than to charge our friend with either personality or unsound teaching—such an

idea never crossed our mind. In reference to the point in dispute between us, we are glad to learn from Dr. Atlee, that it is his intention to investigate the "cause of malaria," and shall be still more gratified if his investigations shall lead to anything more positive on the subject than we now possess. Of one thing we are very sure, that he will find in the course of his investigations, plenty of testimony to prove that the malaria which causes intermittent fever, occurs abundantly in situations where there are no unusual sources of sulphuretted hydrogen, and that many persons are exposed, by their daily avocations, to the direct influence of that gas, in a state of considerable concentration, without being at all affected by intermittent, remittent, or any other form of fever. But this is a point which may easily be decided by direct experiment, and we know of no one who can better do it than our correspondent. It is a well established fact, that a few hours exposure, especially after night fall, in a malarious district, is sufficient to induce disease of a particular type. Now let any number of persons be subjected, for the requisite time, to the influence of sulphuretted hydrogen, in as concentrated a state as can well be borne, *without the presence of any of the modifying agents to which Dr. Atlee refers*, and see how many will fall victims to ague. Whatever, however, may be the result of Dr. A.'s investigations on this interesting subject, we shall be glad to be the medium of conveying them to the profession.

CLINICAL LECTURES AND REPORTS.

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PHILADELPHIA HOSPITAL.

*Saturday, December 7, 1844.*

CLINIC OF PROFESSOR DUNGLISON.

Reported by Mr. Samuel G. White, of Georgia.

Professor Dunglison commenced the lecture by observing that before he took up the further consideration of the diseases of the respiratory organs, on which he was engaged at the last clinical lecture, he would draw the attention of the class to a case at pre-

sent in the wards, on which he should make a few pathological and therapeutical observations. It was one of

RHEUMATISM,

not of that violent inflammatory character to which the term acute arthritis has been more particularly applied, but rather a subacute form of the disease.

The patient, a middle aged man, has suffered for several years from an intermitting inflammation of the wrist joint, which recently has become more permanent, and gives him much uneasiness. In all such cases, it is well to direct attention to the condition of the heart, which is peculiarly liable to become implicated in acute, and subacute rheumatic affections. When this viscus becomes affected, it may be indicated by the presence of a *bruit de soufflet*, or bellows sound, produced by a narrowing of the orifice of the aorta, and especially from inflammation of the endocardium, and the consequent effusion of lymph, which impedes more or less the passage of the blood through the organ. In the present instance, however, the sounds of the heart are perfectly normal, and we infer there is no inflammation of the endocardium. On entering the hospital, the patient, who was of dissipated habits, and had been much exposed to the weather, complained of pain in the articulations; his pulse was frequent and indicative of inflammatory excitement, and there were slight tremors, such as usually accompany delirium tremens. From the condition of the pulse, it was considered necessary to have recourse to venesection, when the blood exhibited a thick buffy coat, with a very firm clot and cupped appearance, indicating a manifest augmentation of the fibrinous element. [The professor here exhibited the blood to the class, which presented in a marked manner the modifications just alluded to.]

Although the buffy coat is generally considered indicative of inflammatory action, it is very important to remember, that so far from being always characteristic of that condition, it may occur in states of the system the very opposite to the inflammatory; thus, it is very often present in chlorosis, as the clinical class had an opportunity some time since of witnessing. There is, however, a manifest difference in these cases in the consistence of the clot, being very firm in inflammation, but loosely coherent in chlorosis. It must, also, be borne in mind, that the "*bruit de soufflet*," which is supposed to be characteristic of endocarditis, may also occur where no such inflammation exists, but where there is a predominance of the watery portions of the blood, as in chlorosis. In these cases, the sound seems due to the impulse of thin fluid in its passage through the cavities of the heart.



In the patient before the class, there is considerable erethism of the nervous system, conjoined with the inflammatory symptoms.

The professor considers the inflammation of acute rheumatism to be peculiar, and certainly not identical with ordinary acute internal inflammation, as in pneumonia. In rheumatic affections, venesection is rarely resorted to with the same degree of confidence as it is in common inflammatory diseases. Indeed, considerable discrepancy of opinion exists among practitioners as to the propriety of bloodletting. Some regarding the disease to be decidedly inflammatory, as indicated by the state of the pulse and appearance of the blood, believe an active antiphlogistic treatment to be most required. Others entertain an opposite opinion, thinking that active depletion is not only unnecessary, but may be positively injurious by favoring the metastasis of the inflammation to an internal and vital organ. There are certainly cases, sometimes met with in private practice, and in the majority of those seen in hospitals, in which the active use of the lancet could not prove otherwise than injurious. In the one under consideration, where there is a complication with nervous erethism, especial caution is demanded in the farther use of depleting measures. The professor observed, that he had always considered rheumatism to be, like erysipelas, in part neuropathic, and frequently to demand a very different treatment from that which would be required in active internal inflammation. Tonics, as the sulphate of quinia, which act by the impression they make on the nervous system, are often, indeed, the best remedies that can be employed. The view as to its mixed inflammatory and neuropathic character derives support, not only from the effect of remedies, but from the extreme changeableness of the phlegmasia,—the appearances of inflammation shifting their seat in a few hours, or disappearing altogether without leaving the slightest organic alteration: they would seem indeed, to be more analogous to hyperæmia, than to true inflammation. It is of much importance to distinguish between these two conditions. In the former, there is simply an augmentation of the quantity of blood circulating in the part, which by over distending the vessels may render the circulation through them tardy, and occasion, also, nervous distension: it is, in fact, the stage that precedes true inflammation, and if it continue sufficiently long may terminate in it. When, however, positive inflammation has taken place, organic changes are produced in the parts, attended with effusion and an alteration of the natural secretions. Effusion also occurs in rheumatism, but it appears to be little more than the simple transudation of the liquor sanguinis from the overloaded vessels; hence the evidences of inflammation are exceedingly fugi

tive in acute rheumatism, and pass rapidly from one joint to another. From these and other facts, we are warranted perhaps in the conclusion, that this affection is of a mixed neuropathic and inflammatory character.

Granting this to be the pathology of acute rheumatism, we are led to prescribe a plan of treatment essentially different from that demanded in true inflammation; and hence we can comprehend that tonics may not be as injurious as might be supposed, if we regarded it differently.

The lecturer's experience leads him to place much confidence in the use of the sulphate of quinia in the treatment of certain forms and stages of rheumatism. He has witnessed the antiphlogistic and the tonic treatment practised exclusively in certain hospitals, and he is bound to say, that he has never seen bad effects from the latter. Some, indeed, consider the bark to be as effective in acute rheumatism as it is in intermittent fever.

From the immense doses of sulphate of quinia given in Paris, symptoms of cerebral excitement, and of general nervous erethism have been produced, but these effects do not follow its use in smaller quantities; and if it be granted, that when given to the extent just mentioned it may have been injurious, in less quantity it may be, and often is, productive of much benefit. In the majority of cases, however, the lecturer considers the mixed plan of treatment most effective, and he would recommend the disease to be treated in its early stages antiphlogistically;—abstracting blood, when necessary, generally or topically; administering large doses of the nitrate of potassa,—as advised in the last century, by Dr. Brocklesby, and now revived,—giving colchicum, which is a decided acro-narcotic, and consequently proper in mixed neuropathic and inflammatory conditions; and, later on in the disease, endeavouring to modify the neuropathic condition by the use of tonics—as the sulphate of quinia. This mode of treatment will be pursued in the present instance, and its results will be reported on a future occasion.

Acute rheumatism, like some other affections, seems to run a fixed course, usually continuing five or six weeks, although its duration may be occasionally shortened by properly directed measures.

The professor then introduced a female, affected with

#### THORACIC DISEASE,

which served to further illustrate certain points connected with his lectures at the College on the physiology of respiration. The patient, a female, complains of difficulty of breathing and cough, which has continued since last June, and which she refers



to exposure to wet. She now has burning of the feet and hands towards evening, with occasional, though not profuse, sweating; coughs more in the morning on rising than at any other period of the day, and expectorates a considerable quantity of frothy mucus.

Inspection of the chest indicates a slight diminution in the elevation of the right, compared with the left side, and percussion under the clavicle of the same side affords a dull sound. The main phenomenon developed by auscultation, is a great increase in the expiratory murmur—a sign, the value of which, in the diagnosis of pulmonary tuberculosis was first pointed out by Dr. James Jackson, Jr., of Boston. The pulsation of the heart, in this case, may be heard quite distinctly on the right side, which, as can be readily comprehended, may be owing to consolidation of the lung,—the sound being more readily conveyed through a solid organ. Posteriorly, the expiratory murmur is very audible; and on the left posterior part of the chest, a mucous rhonchus is distinguishable. The diagnosis may be stated to be consolidation with softening.

The treatment, in these hospital cases, is generally altogether revellent, consisting in making counter-irritation over the chest, with the use of eutrophics—as the iodide of potassium; but it need scarcely be said, that little benefit can be expected from these remedies,—the tubercles generally going on to softening, uninfluenced by any treatment.

The attention of the class was in conclusion directed to some interesting

#### PATHOLOGICAL SPECIMENS.

The first of these was from the patient Hannah S., aged 60, who, it will be recollected, laboured under hæmoptysis. (*Examiner*, Nov. 30, 1844, p. 278.) She continued to expectorate considerable quantities of blood until death, which appeared to be produced by asphyxia, from the sudden discharge of fluid from a cavity in the lung, which was not, however, blood, but puriform. The bronchial tubes were found filled with this matter on examination after death. During life, it seemed probable that the blood expectorated was poured out from an ulcerated vessel; but, on examination after death, it was impossible to determine whether this were really the case. Certainly, the ulcerated vessel, if it existed, did not open into the cavity, although it might open elsewhere. The lower part of the lung was engorged with blood, and it was at first supposed that at this point the hemorrhage might have taken place; but the most attentive examination could detect no open vessel; and,

besides, this congested state of the lower portion of the lung is very commonly met with in those who do not die of hæmoptysis; hence nothing certain can be deduced from this appearance.

There is great difficulty in determining the true pathological cause of the hemorrhage in this case. It may have been the result of simple transudation; or an ulcerated vessel may exist at some point which has not been detected. Farther examination will be made to determine this point. The lungs do not contain so much tubercular deposition as is frequently met with in such cases. It is often, indeed, found that old persons dying from tuberculosis do not present such extensive disease of the lungs as those at an earlier age. In the young individual, both lungs are generally more or less affected, but, in this case, only the right seems diseased, and only a portion of this. The lecturer here took occasion to point out the physiological arrangement of the fibrous structure of the bronchia, which was well exhibited in the specimen.

The liver of this patient also presented—what is not very common—a deposition of tubercular matter in its parenchyma, of the presence of which no indication existed during life. Tubercular matter, deposited in this viscus, may be either similar to that found in the lungs—strumous—or it may be scirrhus. In the present instance, the tubercles are isolated and softened, and do not make the creaking noise which is characteristic of scirrhus when the knife is drawn through it.

The kidneys presented nothing abnormal, except that in one of them there was an exudation of blood into its substance, constituting what has been called "*renal apoplexy*." There were a few ossific depositions, as often occur in advanced life, in the aorta, near the sinuses of Valsalva. The heart, generally, was healthy. It is to the impediment offered by these depositions to the passage of the blood along the aorta, that the "saw sound" and "rasp sound," heard during the systole and diastole of the heart, are often referable, rather than to ossification of the semilunar valves, as the lecturer has noticed in several instances.

The next case was exceedingly interesting from the number of pathological lesions existing at the same time, which rendered it surprising that the individual should have lived so long. The specimens were from the man referred to at the last lecture, who was considered to be affected with gangrene of the lung. The patient entered the house with every indication of a broken down constitution, and, for important reasons, was not subjected to much physical examination. As then stated, he was presumed to have gangrene of the lung, although some uncertainty had ex-



isted in the diagnosis, as the fœtor of the breath might possibly have been due to ptyalism. On making a necroscopical investigation, no portion of the lung was found especially fetid: they were engorged, as often happens, when any cardiac affection exists which obstructs the return of the blood. Slight consolidation was present at the summit of the right lung, but this was not to any amount. The heart was very much enlarged, and exceedingly flabby and fatty; the pericardium was roughened with a thin albuminoid secretion—the result of inflammatory action. The professor here remarked, that there were two results of pericarditis—one in which there was an effusion of solid matter, by which it becomes adherent to the surface of the heart, and glues the pericardium to it, impeding its motions; the other characterized by a liquid effusion, constituting hydrops pericardii. He also observed, that cases are not unfrequently met with, in which an attack of pericarditis has run its course without being indicated by any marked phenomena; and he instanced one that occurred in his private practice, where it was extremely difficult to form a positive diagnosis, in consequence of bronchitis coexisting, although it was suspected, and proved to be present by examination after death. Wherever, he said, much difficulty of breathing exists, without other signs of pulmonary mischief, pericarditis should be suspected. In the present case, the heart was not only large and flabby, but the chordæ tendineæ were very small, with an insufficiency on the part of the valves to close the enlarged auriculo-ventricular openings, especially on the right side. On the semilunar valves of the aorta a very large vegetation existed, with some cartilaginous degeneration of the valves themselves, which no doubt gave no inconsiderable impediment to the passage of the blood, and, doubtless, permitted aortic regurgitation. The lecturer took occasion to allude to the great importance to the class of an attentive examination of such pathological results; to enable them to deduce the influence such conditions must exert on the physiological actions of the parts immediately concerned, and the constitutional disturbance resulting from them.

The liver was also very much enlarged, and presented a granulated appearance, owing to hypertrophy of the biliary element of the organ, producing the first stage of what has been termed “cirrhosis of the liver.” Notwithstanding the condition of the liver, there was, during life, no manifestation of dropsy.

The spleen presented nothing peculiar, except that it was somewhat larger, more flabby, and softer than usual; but there was an interesting pathological condition of the kidneys, which consisted in the great disproportion in their volume; the right being greatly hypertrophied, and the left extremely small,

and lobated. There was a considerable amount of adipous matter deposited near their pelves, but nothing, in other respects, abnormal,—the small kidney appearing as healthy as the other; and it no doubt performed its functions to a certain extent healthily. From the great difference in their size, it is probable that the hypertrophy of the right kidney originated from its having the principal part of the function to execute, although it may be a question whether it was not a congenital conformation.

The great interest of this case, as before stated, is in the circumstance, that the patient should have survived so long with such serious alterations in so many important organs.

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PENNSYLVANIA HOSPITAL.

*Surgical Wards.*

Service of DR. RANDOLPH.

*Cases admitted into the Surgical Wards of the Pennsylvania Hospital, since October 20, 1844.*

Abscesses in various parts, 4; burn, 2, (died 1); calculus in bladder, 3; calculus in urethra, 1; contusion of deltoid, 1; contusion of other parts, 8; coxalgia, 2; dislocation of ulna backwards, 1; dislocation of elbow backwards, 1; fracture, compound, of skull, 1; fracture, compound, of humerus, 1; fracture, compound, of hand, 1; fracture, compound, of finger, 3; fracture, compound, of thigh, &c., 1, (died 1); fracture, compound, of leg, 2, (died 1); fracture, simple, of spine, 1; fracture, simple, of jaw, 2; fracture, simple, of clavicle, 3; fracture, simple, of forearm, 1; fracture, simple, of radius, 2; fracture, simple, of thigh, 2; fracture, simple, of ribs, 1; hydrocele, 1; inflammation of knee, 2; inflammation of foot, 3; stricture of urethra, 1; syphilis, 7; tumour, ætheromatous, 1; tumour, fatty, 1; ulcer, 5; wound, gunshot, of neck, 1, (died, 1); wound, gunshot, of thigh, 1; wound, gunshot, of scalp, 1; wound, gunshot, of hand, 1; wound, punctured, of chest, 2; wound, lacerated, of chest, 2.—Total admissions, 73; deaths, 4.

Number of operations, 7.

Lithotomy, 2, (died, 1\*); amputation of forearm, 1; amputation of arm, 1; removal of tumours, 2; ligature of common carotid, 1, (died, 1.)

The case of dislocation of the ulna was complicated with fracture of the coronoid process. The arm was in a position be-

\* Died of peritonitis, 48 hours after the operation. The patient was a child, aged four years.



tween that of complete extension and flexion. The dislocation was easily reduced by drawing upon the forearm in the direction assumed by the limb, (the humerus being fixed,) and then gradually flexing it.

In the other case of dislocation, the elbow was thrown backwards. The diagnosis was perfectly easy, as was also the reduction of the injury, which was accomplished in the same manner as the first. In this case there was no fracture. The patient, while very much intoxicated, was thrown in wrestling, striking the ground upon his hand, the forearm being flexed. Both patients are still under treatment, and are likely to recover with very little or no imperfection in the motions of the elbow.

The following case of gunshot wound was a very interesting one to us.

A man, aged 22, in perfect health, was accidentally shot, Nov. 1, with a pistol which was loaded only with powder and wadding. The load took effect upon the cheek and upper part of the neck of the right side. The wound extended in one direction about three inches, and in the other, two inches. The lower jaw was fractured at its angle, and the bone stripped of its periosteum from a little above the angle to the symphysis. The soft parts were very much mangled, and a communication made between the cavity of the mouth, exteriorly to the alveolar process of the jaw, and the wound in the neck. There was little or no bleeding at the time; the temporal artery was felt pulsating, and the carotid about  $\frac{1}{2}$  inch on the outer side of the wound, just below the angle of the jaw. Several small fragments of bone and remnants of the wadding were removed from the wound, which was covered with a warm poultice, and supported by a bandage, and the patient was kept under the influence of opium.

Nov. 7. Symptoms have all been favourable—no fever, no pain, excepting a slight soreness in swallowing. The wound becoming clean. Hypoglossal nerve seen at the bottom of the wound, having been divided at a point a little anterior to its curve. Considerable induration of the surrounding parts.

Same treatment continued as above. Diet farinaceous.

8. Commenced bleeding at 8 o'clock, A. M., and bled profusely. Hæmorrhage not controlled by pressure at the root of the neck, and it was prevented from appearing at the wound by pressure made at this point, it came from the mouth. In this emergency, Dr. Peace tied the carotid low down in the neck, and then found it necessary to apply a ligature upon a small artery, probably the facial, in the wound. The external jugular vein was cut during the operation, and a fine ligature was applied around the orifice, the vein not having been cut completely across.

The operation was not followed by any unpleasant symptom whatever.

12th. Lost a few ounces of blood this morning from some small vessel; the bleeding stopped, however, after the wound had been for a few minutes exposed to the air.

14th. A small artery, probably a branch of the facial or labial of the left side, poured out  $\bar{z}$ ij. a  $\bar{z}$ iii. of blood; and the coats of the vessel were so much softened, by inflammation, that we were unable to apply a ligature: pressure was substituted.

15th. The ligatures came away from the vein and from the small artery which was tied at the same time.

19th. Ligature loosened from the carotid and came away with the dressings. The wound made in tying the vessel did not close by the first intention—its granulations firm. The original wound contracting very finely, diminished to one-third its former size—only half inch of the bone exposed. Communication between the mouth and the wound closed. General symptoms most favourable. The most perfect rest has been enforced; the patient has been constantly watched day and night; mild and nutritious diet; opiates occasionally.

28th. A few ounces of blood lost from the wound made in tying the carotid. It was of a bright red colour, and came in jets from the little gutter, as it were, made by the ligature—it was easily arrested by very gentle pressure made just below the inferior extremity of the wound, and upon the vessel itself; the precise source of the bleeding could not be detected, and it appeared doubtful whether the jet was owing to the direct passage of the blood from an artery, or merely to the succussion caused by the large vessels.

Small losses of blood occurred again on the 30th, and on the 2d, 4th and 5th of December: the bleeding was very readily arrested in the same manner as before, viz., by pressure made at the lower extremity of the wound. The granulations had now become flabby, and the wound indisposed to heal, but the reparative process was still going on at the original wound.

6th. Very profuse bleeding: the stream so strong and large that we had now no doubt that the carotid was opened both above and below the point of ligature. Very firm pressure now was requisite to control the flow of blood. The wound had become much enlarged from sloughing; the parts beneath were softened and easily broken down, and emitted a gangrenous smell. Hæmorrhage occurring in the evening, some powdered matico was thrust into the wound and pressure made upon it. Slight hæmorrhage on the 8th and on the morning of the 9th. Died in the evening of the 9th.

*Post Mortem Appearance.*—The original wound contracted



to about the size of a twenty-five cent piece. No union of the fractured extremities of the bone. That part of the bone which was still exposed was not at all loosened from the body of the jaw. The wound made in tying the vessel, three inches long and two inches wide. Surrounding integuments thin, and of a purple colour. Wound filled with a soft, black and foetid coagulum. The integuments were turned off from the right side of the neck, in order to give a fair view of the part beneath. The sterno-cleido mastoid muscle in the lower half of its extent was partially removed by sloughing. The clot possessing the characters above mentioned was reposing on the transverse processes of the vertebræ, and bounded internally by the trachea, externally by the remains of the mastoid muscles. The clot was carefully removed from the parts by pouring water upon them, and in this manner we were able to obtain a view of the vessels. The common carotid, at a point an inch and a half above its origin, was open, and at this point we supposed that the ligature was applied—it seemed as if the vessel had been cut completely through; the extremity was slightly irregular on its edges, and all the coats thickened—while its calibre was much diminished by the deposit of lymph on its internal membrane—still it readily permitted the passage through it of a silver director of the ordinary size—the point at which the calibre of the vessel had been most diminished was about half an inch from the free extremity. The superior portion of the vessel was discovered by cutting down upon it at the upper part of the neck and passing a probe through it. Between the two extremities of the vessel was a space of three quarters of an inch, in which the vessel had been destroyed and removed by sloughing. The lower extremity of the inferior portion of the vessel was soft, black and gangrenous, and this condition extended to within an inch of its bifurcation. This portion of the vessel contained a soft and recent coagulum; the lower portion of the artery contained no clot. Both extremities, therefore, of the common carotid must have allowed free exit to the blood. The coats of the internal jugular vein were entire, but were stained of a dark brown colour.

F. W. SARGENT, M. D.,  
*Resident Surgeon.*

*December 21, 1844.*

[*Medical News.*

## WILL'S HOSPITAL.

## Service of DR. HAYS.

|                                            |     |
|--------------------------------------------|-----|
| Patients in the House, November 1st, 1844, | 22  |
| “ admitted during November, Males          | 5   |
| “ “ “ “ Females                            | 3   |
|                                            | — 8 |
| “ discharged “ “ Males                     | 4   |
| “ “ “ “ Females                            | 3   |
|                                            | — 7 |
| “ in the House at the end of the month,    |     |
| “ “ “ “ “ Males                            | 18  |
| “ “ “ “ “ Females                          | 5   |
|                                            | —23 |
| “ with diseases of the eyes                | 21  |
| “ “ “ “ limbs                              | 2   |
| Total in the House, November 30th,         | —23 |
| Out-door Patients, Males 4, Females 4.     |     |
| Operations.—For Cataract, 1.               |     |

ROBERT P. HARRIS, M. D.,  
Resident Physician.

*Ibid.*

## BIBLIOGRAPHICAL NOTICES.

*Lectures on the Theory and Practice of Physic.* By JOHN BELL, M. D., Fellow of the College of Physicians of Philadelphia: Corresponding Secretary of the Philadelphia Medical College: Member of the American Philosophical Society, and of the Georgofili Society of Florence, etc. etc. And by WILLIAM STOKES, M. D., Lecturer at the Medical School, Park Street, Dublin; Physician to the Meath Hospital, etc. etc. *Third Edition, enlarged and improved. In two volumes. 8vo.* Philadelphia. Ed. Barrington & George D. Haswell. 1845.

These are two ponderous volumes, making in all more than fifteen hundred pages, containing a vast amount of information on many of the most important subjects in medical science. The



*original* portion of this work, if we may be allowed the phrase, has undergone sundry transformations, and strange as it may seem, it has never yet been published in a distinct form in England: yet the name of Stokes has long been most popular there as elsewhere, although his lectures are strongly tinged with the exploded doctrines of Broussais. We do not know, indeed, whether this did not obtain for them more ready currency in this country; for, certainly, nowhere were these doctrines—seductive in their simplicity, but as unfounded, as a whole, as they were seductive—so ardently and recklessly embraced, and so suddenly and unscrupulously abandoned. It was in the Medical Library of Dr. Dunglison that these lectures of Dr. Stokes were first collected and printed from the pages of a London medical periodical. Subsequently, they were reprinted, with other lectures by Dr. Bell, under the title of “*Stokes and Bell’s lectures;*”—we mean the title placed upon the cover. In no great lapse of time the edition was exhausted; and then appeared two goodly sized volumes—and now we have what is termed a *third edition*, as it would be, indeed, were the title of the work retained with the precedence given to the distinguished European whose lucubrations constitute its basis; but in place of this, the gilt letters on the back now inform us that the work is “*Bell & Stokes’ Practice,*” (of medicine, of course :) instead, therefore, of its being the *third* edition of “*Stokes & Bell,*” it is, in fact, the *first* of “*Bell & Stokes.*”

We confess we do not exactly see either the object or the propriety of this change. We presume it has been made in consequence of the labours of the American Editor having attained such dimensions as to exceed those of the original author: and we know, that the example of Dr. Elliotson might be cited to vindicate even greater changes; for he, in his last edition of Blumenbach, boldly abandoned even the title of Blumenbach’s physiology, and gave to it that of Elliotson’s. Nor is this the first instance in which Elliotson has been taken as a prototype. But we think the practice is “more honoured in the breach than the observance.”

Dr. Bell has bestowed much industry on the present edition. He has supplied many marked deficiencies in the former: for

instance, we have now "*Diseases of the Organs of Generation*, in both sexes; several diseases of the *Respiratory Apparatus*, omitted before; *Tubercular Meningitis*, *Epidemic Meningitis*; *Scrofula*; *Syphilis*; the *Exanthemata*, greatly enlarged; *Rheumatism*, and *Gout*. The new matter added in these ways is fully equal, it is believed, to three hundred pages."

It is impracticable for us to give more than a general view of the nature of those additions. In the main they are judicious, and in accordance with the opinions of the day, and are highly creditable to Dr. Bell as a well read physician and able writer. We cannot avoid thinking, however, that he has displayed some partiality in his citation of authorities. It is difficult, perhaps, to avoid preferences. Favours received, or patronage bestowed; long continued personal friendship; early prejudice, &c., may warp the judgment and occasion misplaced laudation or neglect, despite the intentions of the purest minds. We could point out more than one extract, the selection of which has been suggested, we think, by indulgent partiality, and which appear to us so trite and common place, that we are surprised that any kindness of feeling should have prompted him to raise them to such prominent positions.

Dr. Bell has written extensively on various points of medical science and practice, and we do not marvel, therefore, to find frequent reference to his own productions; and although some may think these references are too numerous, or even deny to an author the privilege of referring to his own writings at all, for information which can be obtained in any of the standard works on the same subject, we can conceive of cases in which it may be necessary, in order to avoid extracting whole passages, or incurring the risk of being misunderstood.

Although Dr. Bell's as well as Dr. Stokes' part of the present publication is in the form of Lectures, the former we believe were never delivered, and are written in that style we presume to harmonize with the latter: perhaps, too, greater scope is afforded in that way for illustration. We cannot but regret, however, the evident haste to bring out these Lectures, which has precluded a careful correction of the press. In a work designed for extensive circulation, such expressions as these ought not to



occur: "Kop and Otto, both speak in terms of the highest praise of the use *by* the conium maculatum, in scrofulous ophthalmia." "Another symptom very common in this disease is the great sensibility *of* the return to light." "Periodical fevers are most frequent and violent in climates and localities, *and* during or immediately following the season of the greatest contrasts, and alterations in the sensible states of the atmosphere." These, of course, will all be corrected in a future edition.

To conclude. Notwithstanding the errors to which we have referred, and some others that we might notice—mostly, however, of minor importance, the lectures of "Bell & Stokes" must be regarded as constituting an exceedingly valuable treatise on the Practice of Medicine. Those by our friend and fellow townsman, to which we more particularly refer, exhibit much learning and research, judicious discrimination, and a thorough acquaintance with the diseases and practice of this country. More need not be said to entitle him to the thanks of the profession for his share in this publication.

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*A Manual of Chemistry, &c.* By LEWIS C. BECK, M. D.,  
Professor of Chemistry. 12mo. New York, 1844.

We have before us the fourth edition of this manual, which is presented to the public in a new and much improved form, having undergone a complete revision, since the publication of the third edition, by which it has been rendered more in accordance with the present state of chemical science. As a *Manual* of chemistry, it offers no claims to be considered as a complete and detailed view of the whole science of chemistry, but, by embodying in a condensed form the more important facts and views in this branch of knowledge, aims at opening the way for additional instruction—and serving for an introduction to more copious and more extended works. In these views the author has succeeded to a considerable extent, by giving in a terse and comprehensive style, descriptions of the various processes, notices of general qualities and explanations of the most important reactions, which are connected with the study both of elementary and compound bodies. In most instances the prominent charac-

ters, and the points demanding particular attention, are placed in separate paragraphs, each with an appropriate head—thus giving to them a bold and distinct relief, and facilitating the means of reference, by affording prominent points to a hasty glance, without any necessity for a perusal of the paragraph itself.

We notice with pleasure that the author has adopted whole numbers for the combining weights, which even should they not “eventually be found accurately to express the atomic weights,” yet they afford greater facilities in teaching, and do not tend to load the mind of the student in an unnecessary manner. In fact, in learning the science, it is more important to obtain a strict comprehension of fundamental principles, than to acquire a mathematical accuracy of detail.

The introduction of symbols is another improvement, which could not have been omitted without injury to the general character of the work.

Numerous wood cuts exhibiting the more simple forms of apparatus, in which the various processes may be carried on, are also added, and will afford facilities to those who are desirous of practical knowledge, by pointing out cheap and easy modes, by which it may be obtained. We may also notice as tending to the same end, the constant reference made, in connection with each subject, to more extended and elaborate treatises; not only indicating the origin and authority of the facts stated, but also enabling the inquirer to search out in detail all the information of which only an outline could be given in the text.

We perceive a few inaccuracies which the author has overlooked, but which are of minor importance, and which, even with the greatest care, would seem inevitable in a work extending over so much ground as chemical science now occupies.

B.

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*The Cyclopædia of Practical Medicine.* Edited by JOHN FORBES, M. D., ALEXANDER TWEEDIE, M. D., and JOHN CONOLLY, M. D. *Revised, with additions,* by ROBLEY DUNGLISON, M. D.

Part XX. of this valuable work, which is now before us, treats of the following subjects, viz.: Scrofula, by Dr. Cumin; Seda-



tives, by Drs. Thomson and Dunglison; Sex, Doubtful, Dr. Beatty; Small-pox, Dr. Gregory; Softening of Organs, Dr. Carswell; Somnambulism and Animal Magnetism, Dr. Prichard; Spermatorrhœa, Dr. Dunglison; Spinal Marrow, Diseases of, Dr. Todd; Spleen, Diseases of, Drs. Bigsby and Dunglison; Statistics, Medical, Drs. Hawkins and Dunglison; Stethoscope Dr. Williams; Stimulants, Dr. A. T. Thomson; Stomach, Organic Diseases of, Dr. Houghton.

It will be seen, from the table of contents, that this important work continues to embrace subjects of the greatest interest; and from the progress made in its publication, it will be perceived that it advances from number to number with the regularity of a daily newspaper. Only *four parts* remain for its completion, and these, there can now be no doubt, will be forthcoming with the same regularity as those which have preceded; so that, in a few weeks, we shall be in possession of the entire work.

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*An Introductory Discourse on Medical Education, delivered to the Students of Geneva Medical College, October 1, 1844.*  
By CHARLES LEE, A. M., M. D., Professor of General Pathology and Materia Medica in Geneva College. Published by the Class. pp. 40.

This is a learned and able production. We are particularly pleased with it because of the importance the author attaches to a sound preparatory education for those who design to engage in the study of medicine. It is not likely that we shall be able, very soon, to raise the standard so high as he proposes, but it is well to keep an object of so much importance steadily and prominently in view.

In a future number we may find room for a few extracts, and perhaps may add an occasional remark on some of the points discussed.

## THE MEDICAL EXAMINER.

PHILADELPHIA, JANUARY, 1845.

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The present number of the Examiner is the commencement, not only of a new year and a new volume, but of a *new series*, in which the past character of the work is to be materially changed. Instead of appearing every alternate Saturday, henceforth it will be published monthly—and in place of twenty-four pages of matter each month, it will embrace seventy-two. The advantages, which we expect to derive from this change, were briefly stated in our last number, and need not be repeated. For the details in reference to publication, and the general scope of the work, we must again refer our readers to the advertisement of the Publishers on the cover, merely premising a few words in relation to what more immediately concerns ourself.

In entering upon the task before us, we feel not as one without experience. The past year has sufficed to show us some of the difficulties that beset an editor's course—the labour it involves, the responsibility it brings, and the groundless suspicions and censure it provokes: nevertheless, it is not without utility and some pleasures to recommend it.

The original communications published during the last year, with few exceptions, have been extensively copied into other journals, in Europe and America; which has convinced us that they were valuable, and added much to the interest of the journal. This department, we expect, under our new arrangement, will be materially increased. Of selected matter, from our extensive exchanges, foreign and domestic, we shall always have an abundance at command, and from that abundance we shall endeavour to choose wisely. Greater space will be given to bibliographical notices; and it is here, doubtless, that we shall encounter our chief annoyances. Objects appear differently when viewed from different points; and it rarely happens that readers and reviewers contemplate a book with the same delight as he who has written it. The author, of course, sees no defects in his performance, or he would correct them before committing it to the scrutiny of unbiassed readers, and therefore he is unprepared to believe in the existence of blemishes, where his partial eyes have seen nothing but what is rich in thought and beautiful in expression. But reviewers as well as authors may and often do err, without sinister motives. Conscious of this, we shall not will-



ingly censure where we can find reasons to approve, and when charged with wrong shall plead not infallibility but an honest purpose. Still, truth and science have claims upon us greater than friendship for authors and publishers, or regard for our own interest; and hence that justice, which would compel us to accord what is due to labour, genius or learning, will require of us to withhold praise where it is not merited. In pursuing the course which we have indicated, it is our fixed determination not to be drawn into long or bootless discussions, nor, on any account, into such as are personal. Early conviction, and long established habit, will sustain our resolves on this point.

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PHILADELPHIA HOSPITAL, (BLOCKLEY.)

We understand the number of students in attendance on the Clinical Lectures, the present season, is 290: which is probably the largest class ever attached to any similar institution in this country. From the great number of patients who attend to be prescribed for at the University and Jefferson College, and the interest manifested by students in these *additional clinics*, it has been apprehended by some who are but partially informed on the subject, that the Hospital clinics would be superseded by those of the Colleges. This, we are convinced, was never designed by any one, and we are happy to be able to refer to the fact stated above, which conclusively shows that such is not the effect. We believe it is the wish of all who are engaged in teaching at the Colleges to encourage students to avail themselves, as far as practicable, of *all* the means afforded for clinical instruction in this city, and we are glad to perceive that, very generally, these advantages, great and numerous as they are, are appreciated.

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PHILADELPHIA MEDICAL SOCIETY.

At the annual election of this Society, held at their Hall on the 4th inst., the following members were chosen officers for the ensuing year, viz:

*President.*—R. M. HUSTON, M. D.

*Vice Presidents.*—Benjamin H. Coates, M. D., Henry Bond, M. D.

*Treasurer.*—John Wiltbank, M. D.

*Corresponding Secretaries.*—Joseph Warrington, M. D., Isaac Parrish, M. D.

*Senior Recording Secretary.*—John J. Reese, M. D.

*Orator.*—Henry S. Patteson, M. D.

*Librarian.*—Nathan D. Benedict, M. D.

*Curators.*—Aaron D. Chaloner, M. D., Edmund Lang, M. D.

JOB HAINES, *Junior Recording Secretary.*

## RECORD OF MEDICAL SCIENCE.

*Laporte University, Indiana.*—The Professors in the Medical Department of this University are :—

“Anatomy, Dr. Richards, of St. Charles, Ill.; adj. Prof. Anat., Dr. Shipman, of Cortlandville, N. Y.; Theory and Practice, Dr. Brown, of Kalamazoo, Mich.; Mat. Med., Dr. Knapp, of Chicago, Ill.; Chemistry, Dr. Niles, of Laporte; Surgery, Dr. Meeker, of Laporte; Midwifery, Dr. Hard, of St. Charles, Ill. The Medical Class, the present session, is said to number forty-four.

In a notice of this school, which has been sent to us, it is stated that Professor Hard, of St. Charles, Ill., was at Laporte at the opening of the course, and gave, besides a brilliant introductory, two lectures a day, and that he will return shortly, to go on with and complete his course.—*Bulletin of Med. Science.*

*Naval Surgeons.*—The Board of Naval Surgeons which was convened in Philadelphia on the 7th of October last, and closed its proceedings on the 25th ultimo, reported the following Assistant Surgeons as having been examined and found qualified for promotion:

*Of the date of June, 1838.*—William B. Sinclair and Stephen A. McCeery.

*Of the date of October and December, 1839.*—James B. Gould, Charles H. Wheelright and John H. Wright.

Of the candidates examined for admission into the Navy as Assistant Surgeons, sixteen were found qualified in the following order of relative merit:

1. Bernard Henry, jr.; 2. Robert T. Maccon; 3. William A. Harris; 4. Robert E. Wall; 5. Washington Sherman; 6. Henry O. Mayo; 7. John Rudenstein; 8. Randolph F. Mason; 9. Philip Lansdale; 10. P. Benson D. Lany; 11. Alexander J. Rice; 12. S. Allen Paddock; 13. John A. Petit; 14. Thomas B. Steele; 15. J. F. Harrison; 16. A. N. Bell.—*Ibid.*

*Vermont Medical Society.*—The Vermont State Medical Society met at the State House, in Montpelier, October 16, 1844, agreeably to the By-laws. Several addresses upon medical subjects were delivered before the Society.

The following persons were elected officers for the year ensuing:

Anderson G. Dana, Brandon, President; Horace Eaton, Enosburgh, Vice President; Z. P. Burnham, Montpelier, Secretary; J. A. Allen, Middlebury, Corresponding Secretary; James Spalding, Montpelier, Treasurer.

Charles Hall, Orange Smith, Eldad Alexander, John Dewey, B. R. Palmer, W. R. Ranney, James Tinker, Noadiah Swift, J. B. Por-



ter, J. Rice, H. H. Reynolds, John L. Chandler, Walter Carpenter, Censors.

Drs. J. A. Allen and A. G. Dana, were appointed delegates to attend the examination of Students at Castleton Medical College.

Drs. W. R. Ranney and J. Y. Dewey were appointed delegates to the Woodstock Medical Institution. Z. P. BURNHAM, *Secretary*.

*Ibid.*

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*Contributions to Therapeutics.* By J. MOORE NELIGAN, M. D., Physician to Jervis-street Hospital, Lecturer on Materia Medica and Therapeutics in the Dublin School of Medicine, &c.

ON THE EMPLOYMENT OF CONIUM IN PAINFUL DISEASES.

In the following communication it is my intention to offer a few practical observations on the anodyne and sedative powers of the common hemlock, and to illustrate its medicinal properties by relating a few cases in which its employment has been attended with much benefit. Although much employed and highly extolled by the ancients, hemlock had fallen into complete disuse in modern medicine, until the latter end of last century, when it was again introduced, and very generally used, owing to the high terms in which it was spoken of by Baron Störck, who, in 1762, published an account of the physiological and therapeutical properties of this drug. Störck ascribed two distinct therapeutical properties to the preparations of hemlock; first, that of a powerful anodyne and sedative, and second, that of a deobstruent and alterative, especially in the treatment of glandular or visceral enlargements, of scrofulous affections, of secondary syphilis, and of chronic cutaneous diseases. In the present day but little faith is placed in the deobstruent virtues of the drug, and much difference of opinion exists even as to its anodyne properties, consequently it has again lost much of its reputation as a medicine, and is not nearly so much employed as it deserves to be.

Since the discovery of the active principle of the plant, this almost universal discredit of its medicinal powers has been very satisfactorily accounted for, as it has been distinctly proved, that the application of even a moderate degree of heat, when continued for any time, causes it to undergo decomposition, and therefore that the extract (the preparation most generally employed) when prepared in accordance with the directions of the Dublin and London Pharmacopœias, is, for the most part, inert, or nearly so; that this is the case I have repeatedly satisfied myself, by applying the potash test to various samples of the extract of our Pharmacopœia, obtained at the best shops. This potash test is of so simple a character, so easy in its application, and so certain in its results, that we should never omit its employment before commencing the use of any of the preparations of hemlock. It consists merely in triturating in a mortar the preparation we wish to test with a small quantity of strong caustic potash, when the peculiar odour of the active principle, *conia*, is in a few

moments emitted ; care, however, must be taken not to confound this odour with that of the plant itself, from which it differs most remarkably, the latter bearing a singular resemblance to the smell of mice, while that of *conia* is a peculiar, penetrating, very disagreeable, somewhat alkaline odour, an acquaintance with which may be easily acquired by applying the test to the fresh green leaves, or to the recently gathered ripe fruit.

In commencing, then, any new investigation into the medicinal action and uses of hemlock, it becomes of much importance to take especial care that the preparations of the drug which we administer should have their energy unimpaired, and the peculiar properties which exist in the recent plant as little changed as possible. The preparation which I employed in the following cases, and which I have been in the habit of prescribing for the last two years, under the name of *Succus Conii*, is simply prepared as follows : Take of fresh hemlock leaves any quantity, express the juice in a tincture press, set it aside for forty-eight hours, pour off the clear, supernatant liquor from the fecula and chlorophylle which it has deposited, and lastly, add to it a fifth part, by measure, of rectified spirit. This preparation I have found to keep well for two years, and its uniform strength, as well as the facility with which we can increase or diminish the dose we are administering, gives it a decided advantage over either the extract or powder of the fruit or leaves. The best time for gathering the leaves is when the plant is in full flower, and previous to submitting them to expression the stalks should be carefully picked out and rejected, the leafy part alone being used. As in many instances it is often of great advantage to possess an active preparation of a remedy in a solid state, I have tried many ways of preparing an extract of hemlock which would retain unimpaired the medicinal powers of the plant, and the best I find is to be obtained by submitting the expressed juice, prepared as above, to spontaneous evaporation ; but even this extract, no matter how well and carefully preserved, soon loses all traces of *conia*.

Hemlock, when administered in medicinal doses to an individual labouring under disease, appears to me to produce its beneficial effects by allaying nervous excitability, and diminishing muscular pain ; under its use also, both the force and frequency of the heart's action are lowered, but in no instance have I seen it produce the least tendency to drowsiness or sleep. This is quite consonant with the account given by Christison of the action of hemlock when its poisonous effects are produced ; "that it does not excite convulsive spasms, or bring on insensibility, but that it exhausts the nervous energy of the spinal chord and voluntary muscles, occasioning merely convulsive tremors, and slight twitches, and eventually general paralysis of the muscles, and consequent stoppage of the breathing." The active principle, *conia*, according to the same able authority, produces a similar remarkable action on the spinal chord, "a few drops killing a small animal, such as a rabbit, cat, or puppy, in a few minutes, causing general paralysis, slight convulsive tremors, and



death from the suspension of the breathing, without any alteration in the appearance of the blood." Such being the effects of hemlock, and its alkaloid, when given in poisonous doses, it can be readily understood that when administered as a medicine it will produce no very apparent physiological action, and that in producing beneficial results, it appears to act insensibly on the system. The only manifest effect which I have seen it produce is where its use has been persevered in for some time, or the doses rapidly increased, when the patient generally complains of a disagreeable sensation of dryness of the throat, with a feeling of constriction and difficulty of swallowing, amounting to actual pain, and which always compels us either to suspend the use of the medicine altogether for a few days, or greatly to diminish the dose in which it has been given.

The diseases in which I have administered hemlock with decided advantage are rheumatic affections, both subacute and chronic, particularly when attended with severe pain, neuralgia, and senile gangrene. And although I have employed it very extensively, both in hospital and private practice in those diseases, I have met with but very few instances indeed in which this remedy failed to afford relief: nevertheless, some cases occasionally occur, in which, as is the case with most other medicines, it does not appear to produce the least benefit. I shall now proceed to give a short abstract of a few cases in illustration of the therapeutical virtues of this drug, a perusal of which will show the precise character of the diseases in which it proves most beneficial.

**CASE I.—Obstinate rheumatic Pains from Exposure to Cold and Wet.** Reported by Mr. MENIFOLD.—Lackey M·Cormick, a labourer on the Dublin and Drogheda Railway, aged 32 years, of a strong, robust appearance, with a sallow complexion, and sanguineous temperament, was admitted into Jervis-street hospital, April 14th, 1843. He complains of a dull, aching pain in the inferior dorsal and lumbar regions, stiffness in the shoulder and knee-joints, and occasionally in the fingers at the metacarpo-phalangeal articulations, in short he states that the only joints in his body which have been wholly exempt from pain and stiffness (not even excepting the temporo-maxillary articulations) are the elbow-joints. Some puffiness is apparent in the shoulder and knee-joints, but there is no redness, nor is pain increased on pressure. The pains appear to be erratic, as they frequently disappear from one joint, and as suddenly seize on another; they are more distressing in the afternoon, but are not aggravated by the heat of the bed, or by any increase of temperature. His pulse is at present slow and weak; skin cool, not perspirable; tongue clean; bowels constipated; appetite good; urine healthy, both in appearance and quantity.

He has been engaged as a labourer on the railroad for the last two years, previous to which time he had been at work in Scotland, but always enjoyed good health until he came to Dublin. His occupation has obliged him of late to be up frequently at night in the most severe weather, and to be exposed to the greatest vicissitudes of tem-

perature. After a severe wetting on one of those occasions, about five months since, he was attacked with severe pains in nearly every joint in his body, but he continued to work without intermission, although suffering severely, until the last few weeks, when, in consequence of the pains and stiffness of his joints increasing so much, he was compelled to give up work and apply for admission into hospital.

On the 5th of April, the day after his admission, he was ordered house medicine, so as to act on the bowels freely, and on the following day he was directed to take 30 minims of the *Succus Conii* three times a day in a glassful of water.

April 11th. Since last report M'Cormick has gradually improved and is much freer from pain, which seems now to be principally confined to the shoulder-joints and to the small of his back. The dose of the hemlock-juice was increased to 40 minims three times a-day. The bowels being confined, he was also ordered house medicine to-day.

April 14th. Much freer from pain to-day, but complains of a disagreeable sensation of dryness of the throat, accompanied with a feeling of constriction, and some difficulty of swallowing. The drops were omitted, and he was ordered saline cathartic mixture.

April 16th. Since the omission of the drops the pains have again become more severe, but the unpleasant sensation about the throat has quite disappeared. To take a grain of the extract of hemlock (prepared by the spontaneous evaporation of the expressed juice) every night at bed-time.

April 18th. Twenty minims of the *Succus Conii* to be taken three times a-day: the pill to be continued.

April 24th. Much improved to-day, the pains being now confined to the shoulder-joints, and not occurring until towards nightfall. The dryness of the throat and difficulty of swallowing have, however, again returned. House medicine, so as to affect the bowels; the drops to be omitted. To take one grain of the extract of hemlock three times daily.

May 1st. Quite free from pain to-day. Ordered, at his own request, a warm bath to-night.

May 3d. M'Cormick was discharged to day perfectly cured.

I have given the details of this case pretty fully from the hospital case-book, as it illustrates well the form of the disease in which I found hemlock prove most useful, and also as it was one in which the peculiar constitutional effects, which I before referred to, were most manifestly induced. The following cases are more condensed.

Case II.—*Severe chronic Arthritis with Swelling and Deformity of the Joints.* Reported by Mr. MANDEVILLE.—John Nowlan, aged 56, a cow-driver, was admitted into Jervis street hospital March 8th, 1843. He complains of agonizing pains in all the joints of his fingers and toes, as also in the shoulders and knees, which almost completely deprive him of rest day or night, and render him altogether incapable of following his usual occupation. All those joints are considerably swollen and deformed, the legs being semi-flexed on the thighs, and



the fingers forming an angle with the metacarpal bones, slanting outwards towards the ulna. The swollen parts are slightly reddened, and the pains are aggravated by pressure or motion, but scarcely, if at all, by external warmth. The pulse is small; skin bathed in a clammy perspiration; tongue loaded with a white fur; appetite bad; bowels constipated; urine high-coloured; countenance indicative of much suffering.

He states that his present illness commenced about twelve months ago, and that it was caused by his being compelled to sleep constantly in the open air at night, and frequently on the wet grass. Since that time it has gradually increased in severity, attacking joint after joint, and for the last two months he has been so crippled that he has been scarcely able to move.

On the day of his admission into hospital he was ordered a saline cathartic draught, and on the 9th of March, the next day, he was directed to take 30 minims of the *Succus Conii* four times daily.

March 13th. Pains remarkably relieved; swelling also, particularly of the knee-joints, considerably diminished. He got out of bed to day for a short time, and states that he was able to move about with much more ease to himself than he could for the last three months. To take 40 minims of the hemlock-juice three times a-day, and to have house medicine to free the bowels.

March 23d. The drops have been continued steadily since last report without producing the least apparent constitutional effect. He appears considerably improved, expressing himself tolerably free from pain, and as possessing much more power of motion in all his joints. The articulations of the fingers and toes are now but slightly swollen, and have, at the same time, regained much of their natural appearance; the knees are, however, much enlarged and painful, particularly at night. The dose of the *Succus Conii* to be increased to 60 minims three times daily.

March 31st. As Nowlan complained of some dryness of the throat to-day, with slight difficulty of swallowing, he was ordered to take two cathartic pills immediately, to omit the drops for this day, and to have a warm bath at bed-time.

April 5th. The hemlock-juice was repeated on the 1st instant, and continued until this day, when the same symptoms having occurred as on the 31st of March, a repetition of the treatment as on that day was directed.

April 15th. The same dose of the *Succus Conii* was continued up to this date, when Nowlan was discharged from hospital, expressing himself quite free from pain, and, to use his own words able to walk almost as well as ever he was in his life. The swelling and stiffness of the knees is quite gone, and it is really astonishing how little deformity remains in the joints of the fingers. Nowlan's wife came to the dispensary, about a month after his discharge, to say that he remained quite well.

Case III.—*Sub-acute Rheumatism confined to the muscular part of the Calves of both Legs.* Reported by Mr. BRAY.—James Barrett,

aged 57, a gardener, was admitted into Jervis street hospital June 29th, 1844, complaining of a dull, heavy pain in the muscular part of his legs, extending from the inferior termination of the popliteal space to within about an inch of the malleoli. The pain is rendered most excruciating by his standing, or placing his limbs in any other than a horizontal position: he was carried into the dispensary, and while there lay on the ground, being totally unable to stand. With the exception of his present attack, he states his health to be excellent; the pulse is regular, tongue clean, bowels free; he passes about three quarts of very pale urine in the twenty-four hours, which does not contain any albumen; the whole surface of the body is constantly bathed in a clammy perspiration. The countenance is indicative of much suffering.

He states that about a fortnight since he was attacked with headache and obstinate constipation, accompanied with profuse perspirations, during the continuance of which he went to mow in wet grass. He remained at this employment for four or five days, when he was suddenly seized with acute pain in the calves of both legs, which has continued since without intermission. For the last week he has been rubbing the parts with soap liniment, and has also taken some medicine, but from neither did he receive the least benefit.

On admission he was ordered a dose of cathartic medicine and a warm bath, and the following day, June 30th, he was directed to take 15 minims of the *Succus Conii* three times daily. On the 2nd of July the dose was increased to 15 minims every sixth hour. The report of the 9th of July states that he only finds a slight pain, when he stands, in the calf of the right leg, but that the left is quite well. July 13th he was entirely free from pain, and could walk with ease; and on the 15th he was discharged from hospital cured.

Case IV.—*Acute Rheumatism*. Reported by Mr. BRAY.—John Egar, aged 36, musical instrument-maker, was admitted into Jervis street hospital July 27th, 1844. He gives the following history of his illness. In working at his trade he is much subjected to extremes of temperature, but, notwithstanding his having been a hard drinker all his life, was in the enjoyment of excellent health until lately. About six months ago he felt a shooting pain in his right breast, which used to shift to the same situation on the other side, and continued thus alternating, being sometimes absent. Twelve days since, on getting up in the morning, he felt an acute pain in the left instep, which, on examination, he found to be red, swollen, and excessively tender to the touch. This was treated by the application of eight leeches, which gave him some temporary relief, but on the same night the left knee was similarly attacked; and in two days afterwards the ball of the left thumb, and, consecutively, the fingers, arm, and shoulder of that side. A pain in the small of the back, which was also present from the first, became much worse, and after four days the disease spread to the hand, arm, shoulder, and breast of the left side. During this time he was attended by a physician, who treated him by the application of sinapisms to the affected parts, and put him



under a course of mercury, which salivated him so severely that he has expectorated nearly a pint of saliva within the last twenty-four hours.

As he now lies in bed he is free from pain, except in his right arm and shoulder, where there is a settled sensation of soreness; but on the least movement in the neighbouring muscles, his legs and back, together with his left arm and breast, are seized with the most acute pain, while the soreness on the right side is likewise much increased. He is thus unable to use the least motion, and he cannot even stand, much less walk. The tongue is loaded with a thick white fur, yellow in the centre; pulse 65, hard and incompressible; bowels constipated; whole body, particularly the head, covered with profuse perspiration.

On the 28th of July he was ordered an active saline cathartic, and a gargle containing solution of chlorinated soda.

July 29th, the following mixture was ordered:

R. Succi Conii, f.  $\text{℥ss}$ .

Misturæ Camphoræ, f.  $\text{℥vii. ss}$ .

M. Cochleare amplum sextis horis.

July 31st. Much improved. To take a table-spoonful of the mixture every fourth hour.

August 5th. The pains are all gone to-day, except in the ball of the thumb, the wrist and ankle of the left side, which are somewhat swollen and red. Two table-spoonfuls of the mixture to be taken every fifth hour.

On the 6th of August the dose was again diminished to a table-spoonful every fourth hour, as he complained of dryness of the throat, and some pain in the head. On the 8th he only complained of a little stiffness in the left ankle-joint, and of a tired feel in his arms. On the 9th the medicine was stopped, and he was ordered a warm bath; and on the 11th he was discharged from the hospital perfectly cured.

I have now detailed four cases of rheumatism, none of which are precisely similar in character; and the hospital reports for the last two years contain many others which were rapidly and effectually cured by the use of an efficient preparation of hemlock; and that the recovery was solely due to the use of this remedy is sufficiently evident from the fact, that it was the only medicine used in any of the cases. I do not, however, pretend to say that hemlock will cure every case of chronic rheumatism, a disease so intractable in its nature, that, to use the words of that eminent clinical physician, Dr. Graves, "there is scarcely any affection which tasks the ingenuity and tries the patience of a medical man more." The following case was one of those in which the remedy, at first, appeared to afford some relief, but afterwards failed to produce any benefit.

**CASE V.—Chronic Rheumatism caused by constant Exposure to Damp.** Reported by Mr. BRAY.—John Duffy, aged 25, a labourer on the Dublin and Drogheda railway, was admitted into Jervis-street Hospital, June 21, 1844, complaining of pains in both his legs, from the thighs downwards, in both shoulders, in the back of his neck,

and in the right arm. The pains are intense, are never absent, and are much increased by the least muscular effort. The right side is more affected than the left, particularly the shoulder, and the left arm is, as yet, free from pain. He states that for the last fourteen years, he has been constantly engaged as a labourer in the construction of various public works, where, from the nature of his employment, he was much exposed to damp, having been frequently for hours together up to his breast in water; and also that from habits of intemperance he has often lain out at night exposed to the inclemency of the weather. He has, however, enjoyed good health until about five months ago, when the pains first commenced in his right knee and shoulder, since which time they have gradually increased in severity, attacking in succession nearly every joint in his body.

On his admission, the bowels being regular, the tongue clean, and the appetite good, he was immediately put under the use of the *Succus Conii*, being ordered to take 20 minims of it four times a day. On the 25th the dose was increased to 20 minims every fourth hour. On the 28th he expressed himself as being much relieved; the dose was now increased to 25 minims every fourth hour. July 2nd, he complained of dryness of the throat, with some pain in the head, when the dose of the medicine was again reduced to 20 minims every fourth hour. On the 9th of July the following report appears in the case book: slight effusion is now evident in the synovial membranes surrounding the right knee and both shoulder-joints, and on the whole the pains are much worse than on his admission into hospital; the use of the hemlock was therefore suspended. This patient was afterwards discharged from hospital, July 30th, considerably relieved, but not cured; the subsequent treatment adopted having been Colchicum, Aconite, Dover's powder, and warm baths.

I have also stated that I have employed hemlock, with benefit, in the treatment of neuralgia, and of senile gangrene. In the former of those diseases it will, like all other remedies, be found frequently to fail in affording relief; and, on the other hand, it will often prove successful in cases which have resisted the use of numerous other medicines. The following short case will, I think, sufficiently illustrate its beneficial influence in this disease:

CASE VI.—*Facial Neuralgia*. Reported by M. FITZGERALD.—Mary Fulton, aged 21, a servant, was admitted into Jervis-street hospital, May 13th, 1844, complaining of intense shooting pain in the left side of the face. The pain is not constant, but comes on in acute paroxysms, the intermission between which, however, is of very short duration; it is most severe towards evening, and during the night, so as almost completely to deprive her of sleep. She describes it as commencing in the cavity of the ear, and darting forwards towards the supra and infra-orbital foramina; sometimes it extends up the forehead and head, and to the side of the nose, but it never passes the mesial line. During the paroxysm the surface of the face is painful to the touch, and the least motion of the muscles of the jaw, even talking, produces intolerable anguish. Her general



health is good, and all the functions normal; the face is indicative of much suffering.

She states that the disease occurred about eighteen months ago, since which time it has been gradually increasing in severity; at first, intervals of six weeks, or two months occurring, during which she would be completely free from pain, but of late the intervals have not been longer than from two to three weeks. The attack is always much more severe when the bowels are constipated; prolonged constipation having been, she thinks, the original cause of the disease; at present the bowels are quite regular. Since the commencement of the disease she has been submitted to a great variety of treatment, such as cupping, leeching, blistering, large doses of iron, mercury, bark, and turpentine; the latter of which, alone, appeared to afford her the least relief. On the day of her admission, May 13th, she was ordered to take 20 minims of the *Succus Conii*, three times a day, in a glassfull of water.

May 15th. Much improved; she says that she is completely free from pain for nearly an hour after she takes each dose of her drops. She was ordered to take 15 minims every fourth hour.

16th. Bowels constipated, nevertheless the pains are less. To have two cathartic pills immediately; the drops to be continued.

23rd. Expresses herself as being quite free from pain for the last two days, and feeling perfectly well. The hemlock-juice was continued in the same doses since last report; it did not produce any dryness of the throat or difficulty of swallowing. Discharged.

July 30th. Fulton sent to the hospital to-day from the country, stating that she had remained perfectly free from the least return of pain since she left the hospital, a period of more than two months, until within the last few days, when she had a slight attack; and to ask for a small bottle of the drops.

In two cases only of senile gangrene have I had an opportunity of trying the effects of hemlock, and in both I have found it an excellent adjunct to opiates. In one of those cases, which occurred in private practice, and in which the disease lasted from the 9th of May to the 29th of June, 1843, the mortification having reached nearly as high as the knee before the disease terminated fatally, the most distressing symptom was a constant twitching of the tendons of the affected limb. This unceasing cause of suffering was not in the least alleviated by the use of the opiates which were administered, but was at once removed by the use of the hemlock-juice, and by a perseverance in its employment was kept completely in check throughout the whole of the illness.—*Dublin Journal*.

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MEDICO-CHIRURGICAL SOCIETY OF LONDON.

*Case of Fistulous Communication between the Intestinum Ileum and Urinary Bladder, simulating Stone in the bladder.* By W. C. WORTHINGTON, Esq., Surgeon to the Lowestoft Infirmary, and Fellow of the Royal Medical and Chirurgical Society. Communicated by JAMES

COPLAND, M. D., F. R. S.—The patient, a female, sixty-five years of age, previously enjoying good health, began, four years ago, to suffer from pain in the right iliac region, the cause of which could not be satisfactorily traced. Having continued to experience this pain, symptoms indicating disturbance of the urinary organs commenced in November, 1842. Her pain was much aggravated. She had frequent and painful micturition; the urine was bloody, ropy, and highly offensive, and fragments of extraneous matter, the exact nature of which was not ascertained, were often found deposited from it. On sounding the bladder no calculus was felt, but there was a grating produced by moving the instrument, which led to its being supposed that some malignant ulceration had taken place in the coats of the bladder. The treatment consisted chiefly in giving anodynes to relieve the pain. The patient survived about four months, and died from an attack of diarrhœa. On examining the body after death, adhesions were observed between the convolutions of the intestines and the pelvic viscera. By further dissection it was found that a fold of the intestinum ileum was closely adherent to the fundus of the bladder, and that a communication existed between the two cavities by an ulcerated hole which extended through the coats of the intestine and the bladder, and was sufficiently large to admit the point of the index finger. On slitting open the bladder it was found partly filled with feculent matter and undigested food, such as currants, seeds, and other vegetable matter. The coats of the ileum near where the ulceration had taken place, were thickened and indurated, and the canal consequently strictured. The author concluded by quoting Dr. Copland's *Dictionary of Practical Medicine*, where similar cases are referred to with interesting observations on fistulous communications between the intestines and other viscera.

*Case of Mollities Ossium, with Observations.* By S. SOLLY, Esq., F. R. S., Assistant-Surgeon to St. Thomas's Hospital.—The author of this paper relates two cases of mollities ossium in the adult which have lately come before him. The first case was that of a young woman, aged 29, in whom the disease first exhibited itself seven years previous to her death, by a fracture of the clavicle, caused merely by the exertion of lifting a stool. The disease advanced in the spinal column and skull, in which latter portion of the skeleton it was of such an active character that the membranes and substance of the brain became secondarily affected, and insanity was the consequence. When in St. Thomas's Hospital, in 1840, whither she was removed in consequence of her mental derangement, the lower extremities gave way, and depriving her of the power of walking, she was obliged to push herself about the floor upon her haunches. On the 8th April 1843, she was admitted into Hanwell, where she died in the October following. The disease had attacked almost every bone in the body.

The second case was that of a woman, aged 39, whom Mr. Solly admitted into St. Thomas's Hospital a few days before her death. In this case the progress of the disease was rather different; it commenced



in the lower extremities and attacked the rest of the skeleton subsequently. The immediate cause of death was suffocation from contracted thorax, one lung wholly impervious to the air, and the other nearly so.

Mr. Solly proposes that this disease should be distinguished from other kinds of softening of the bones, by the title of *osteo-malacia rubra et fragilis*, from the colour which the bones invariably exhibit in their interior when divided, and the fact that they almost invariably break and not bend, as in rickets. The two adjectives appear advisable, as the redness in the interior exists in the early stages of rickets, an essentially different disease, while their liability to fracture is not characteristic of this complaint alone.

From a comparison of the symptoms during life with the appearances after death, he has been led to believe that the disease is of an inflammatory character; that it commences with a morbid action of the blood-vessels, which gives rise to the severe pain in the limbs invariably attendant on it, but more especially in its commencement, and exhibits itself after death by an artificial redness of the part.

*Case of Hæmorrhage of the Liver.* By JAS. ABERCROMBIE, M.D. Cape of Good Hope.—The patient, a lady aged 35, died on the fourth day after delivery. On examination after death, there was found on the anterior and superior surfaces of the liver, a large sac, which burst on attempting to remove the organ, and discharged about two pounds of blood, fluid and coagulated; it was found to have escaped from a branch of the *venæ portæ*, and the sac was formed by the peritoneum. The organ itself had throughout a mottled appearance and was unusually soft. The uterus was in a perfectly sound state, as were all the other viscera both of the pelvis and abdomen.—*London and Edinburg Monthly Journal.*

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FRENCH ACADEMY OF SCIENCES.

*Tracheotomy in the advanced stage of Croup.* By M. SCOUTTEN of Strasburg.—The patient was a child six weeks old. The symptoms at first were not very acute, but in the course of a day or two the danger of suffocation became very imminent. During the paroxysms, which became more and more frequent, attempts were made to produce vomiting, but with slight effect. Thus air was drawn by the mouth into the lungs of the patient, which caused the pulse to rally slightly, and animation to return. But this proving insufficient, a firm elastic sound was introduced into the larynx—any relief which it afforded, however, was before long neutralized by the cough and irritation excited by its presence. Only one resource was therefore left,—tracheotomy. It could scarcely aggravate the existing danger, and might, perhaps, if the substance of the lungs were healthy, avoid the impending suffocation. Accordingly, the operation was performed, and with the best possible results. On the tenth day after the operation, the tube was removed—the child's health

became completely restored—and the tone of the voice appears to have suffered no alteration.

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*Cure of Nævi by Croton Oil.* By M. LAFARGUE.—Five or six punctures should be made on and around the tumour, with a lancet dipped in the oil, just as in vaccination. Each of the punctures causes immediately a pimple, which in thirty-six hours is developed into a little boil. These boils unite, and form a red, hot, painful tumour, covered with white crusts, and resembling a small carbuncle. Two days afterwards the scars separate, and in lieu of the nævus is seen an ulcer which is to be treated on general principles. It would be dangerous to make more than six punctures on a very young infant, as the irritation and fever are considerable.—*Ibid.*

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*On the Re-production of the Crystalline Lens.*—The following is a summary of the conclusions to which M. Textor, in his recent dissertation, Ueber die Wiederzeugung der Krystalllinse, has arrived.

The extraction or depression of the crystalline lens is followed by the re-production of a new one that is more or less regular in its configuration, or at least by the formation of a certain portion of the crystalline mass.—This re-production is the work of the investing capsule, provided this remains uninjured.—When the capsule is removed, the lens is not re-produced.—The capsule adheres to the new crystalline ring (*bourrelet*), but not so very closely that they cannot be separated.—The newly-formed lens possesses the same transparency as the old one.—The re-production of the lens requires a certain length of time, which is however very variable in different circumstances.—The new lens gradually acquires a greater degree of solidity and thickness.—Its form depends much on the extent of lesion of the capsule.—The capsule has, in all cases of re-production of the lens, been observed to retain its transparency.—*Med. Chir. Rev.*

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*Treatment of Bed-sores.*—A writer, in a recent number of *Walther and Ammon's Journal*, recommends the application of a lotion composed of equal parts of spirits of camphor and the vegeto-mineral water of Goulard. The parts, that have become red by the pressure, should be repeatedly moistened with this lotion; it requires to be briskly shaken before it is applied.

If, in spite of this treatment, the skin should break, the zinc or lead ointment, to which some camphor has been added, is a good application. In still more obstinate cases, an ointment, consisting of four parts of fresh-prepared tannate of lead, and thirty of lard, has been sometimes found to answer extremely well. On the whole, however, nothing succeeds so uniformly, alike as a prophylactic remedy against the abrasion of the skin and a healing one to that which has become broken, as a solution of creosote—prepared after the method of Reichenbach—in the proportion of one part of the oil to 80 parts of water.

When the affected part becomes gangrenous, fomentations with a



decoction of yellow bark, to which some tincture of myrrh has been added, may be useful. Some patients have found benefit from the sprinkling of the ulcerated surface with a powder composed of bark, camphor, and myrrh; others, from the use of the camphorated styrax ointment. The tinct. Benzoini compos., or Friar's balsam, is often an excellent application to bed-sores. Whatever be the nature of the application employed, the most important remedy of all is the removal of pressure from the affected parts, by means of air or water cushions. The comfort derived from the use of these is most pleasing.—*Ibid.*

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*On the Mechanism or Nature of Atrophy.*—The following extract, from a standard work of medical literature on the continent, is a tolerably fair sample of the spirit of abstruse and fanciful speculation, if not of the philosophic *clairvoyance*, that characterises so many of the writings of the German physiologists.

“Every act of nutritive crystallisation takes place on the outside of the capillary vessels, in a fluid derived from the blood (*plasma*, vel *cysto-blastema*.) The element of formation is the cellule. This possesses a proper individual life, in virtue of which it is developed (plastic force;) moreover, it has the faculty of inducing peculiar chemical changes in the materials which it derives from the *cysto-blastema* by its inner and outer surfaces (metabolic force.) Atrophy may be caused, 1, either by the general nutritive fluid ceasing to circulate in the minute vessels, and by the consequent desiccation of the organ; 2, or from the *plasma* being deficient in the formative materials; 3, or from a morbid condition of the cellule itself, rendering it unfit to fulfil its functions; or 4, from some peculiarity in the state of the nervous influence. The cause of atrophy may also reside in the work of decomposition—which consists in the return to a liquid state of the materials that are expelled from the cellule, and absorbed into the torrent of the circulation;—or from an excessive tendency of the organised matter to become liquefied; or from a morbid predominance of the excretory process attracting all the organic matter within its reach.” Having laid down these principles, Dr. Caustall proceeds to examine the internal and external influence, which are apt to induce the state of atrophy in any part.—*Ibid*, from *Handwörterbuch der Physiologie*.

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*Fatal Case of Glanders, with Remarks.*—A man, 55 years of age, was accidentally wounded in the cheek by one of the upper-jaw teeth of a glandered horse, while he was attempting to give the animal drink. The wound bled a good deal at the time; it was bathed first with salt and water, and then with flowers steeped in brandy. He remained quite well until the next afternoon, when he was seized with shivering and general *malaise*. He was hot and restless during this (the second) night and complained much of headache, pains in different parts of the body, more especially in the seat of the wound. The face became affected with erysipelas; the edges of

the wound looked of a blueish cast, and were covered with phlyctenæ; there was exceeding prostration of strength and spirits; the breathing was hurried and oppressed, and the pulse very rapid and small. The pains in the joints, especially in the left hip, right knee, and lower part of the leg on this side, immediately above the ankle, were exceedingly severe.

For two or three days, the symptoms appeared to become mitigated under the treatment that was adopted; but on the seventh day we read that, in addition to the symptoms already enumerated, there was a sanious discharge from the right nostril, and petechial spots scattered over the surface of the body. The patient, who was every now and then delirious, frequently complained of intense pain in the hip, the integuments over which were swollen and œdematous. On the 13th day, the following is the report of the symptoms: dorsal decubitus, extreme prostration, profound stupor alternating with delirium, severe headache, eyelids œdematous and of a livid hue, the conjunctivæ deeply injected, incipient opacity of the corneæ; wound suppurating freely; the malar bone exposed; discharge of bloody matter from the nostrils; the nasal mucous membrane red, sprinkled over with sanguineous crusts, but without any visible ulcerated spots; lips sooty; tongue dry, yellowish and filthy; intolerable thirst; difficult deglutition; numerous brown papulæ, surrounded with red areolæ, over every part of the face, and confluent on the nose and lower eyelids; enormous "empatement," but without any sense of fluctuation of the left hip; distinct fluctuation immediately above the right ankle; a variolous-looking eruption on the abdomen and extremities, with phlyctenous and livid spots between the pustules.—The patient died next evening.

*Dissection.*—Passing over the description of the wound itself and of the cutaneous eruption, we may notice that the abscess above the right ankle was found to be situated under the fascia of the leg, and extended inwards into the substance of the muscles. The nasal mucous membrane was of a very dark colour, much softened in texture, and infiltrated with purulent matter; here and there were pustules and ecchymosed spots, especially on the surface of the spongy bones. The tonsils and the pillars of the fauces were bedewed with pus.—The epiglottis was œdematous, and speckled over, at one part, with minute sanguinolent spots.

The lining membrane of the larynx and trachea very highly congested, and dotted over with numerous whitish papulæ, like the incipient cutaneous pustules. Cellular texture underneath the sternum and pleura emphysematous; considerable serous effusion within the left pleura; lungs containing numerous subpleural purulent nuclei, which varied in size from that of a pea to that of a pigeon's egg, disseminated through their substance. The blood within the heart and large vessels was very black; but there were no coagula.

The reporter made some experiments on asses with the purulent discharge of this patient. Some of the pus from the nostrils and from the abscess near the right ankle was taken on the day prece-



ding the patient's death, and inserted, by pretty deep scarifications into the flesh about the shoulders of a healthy and vigorous ass. The animal speedily exhibited all the symptoms of acute glanders, and died on the seventh day after the experiment.

The post-mortem appearances were in every respect such as are usually found after fatal cases of the idiopathic disease.

M. Landouzy quotes with approbation the remark of M. Bouley that "acute glanders is a highly contagious disease; contagious by the product of the nasal secretion; contagious by the expired air; contagious by the blood; and contagious by the tissues of the dead body. After the fever of incubation, when the virulent eruption takes place, the infected animal exsudes, so to speak, the morbid matter from every pore." The observations of MM. Rayer, Bresche, and others, have most satisfactorily shewed that the disease is transmissible to other animals besides those of the solipedous family; for example, to dogs, sheep and goats. A recent melancholy case at the Hôpital Necker clearly establishes the fact that it may be conveyed from one human subject to another; one of the *internes* at the hospital having died of the disease, caught by examining the body of an ostler who had fallen a sacrifice to it.

It appears that in three years from 1837 to 1840, no fewer than 27 persons have died in Paris of the glanders. M. Landouzy condemns the too common practice in the French metropolis, of feeding dogs and sheep with the flesh of horses that have died of the disease.

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"As to any essential difference between the acute and chronic forms of glanders, we do not believe," says this gentleman, "that such exists; and the adoption of the contrary opinion has, on more than one occasion, led to a fatal security. We know of many indubitable cases of farcy communicated from horse to man, and *vice versa*. If the identity of those two affections, and if the circumstance of their passing from the acute to the chronic state, and from the chronic to the acute, warrant certain scientific distinctions, they will not permit us, without great rashness, to establish any legal distinction."—*Ibid*, from *Gazette Medicale*.

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*M. Trousseau on the Signs of Auscultation in Young Children.*—Every experienced physician must have found—if he has taken the trouble to examine the subject—that auscultation is of comparatively little value in the diagnosis of pulmonic diseases in early life. It is not often that the young patient can be kept sufficiently quiet to enable us to make the proper examination; and, moreover, the respiratory murmur is usually so loud and boisterous—especially upon any excitement—as completely to overpower any abnormal *bruits* that may be present. Fortunately the practitioner does not often feel the need of any extraneous means to aid his diagnosis in the thoracic diseases of infancy; the rational symptoms, as they have been rather absurdly called, being usually quite sufficient. The following remarks were made by M. Trousseau in the clinical lectures at the Hôpital Necker.

"If the child be perfectly quiet, the breathing does not sensibly differ from that in the adult; the inspiration is rather noisy, while the expiration is scarcely perceptible: moreover, the former is exceedingly active and slow, while the second, on the contrary, is rapid and purely passive. But, if the child be restless, the inspiration is immediately rapid, and the expansion of the lungs cannot be perceived, while the expiration is, at the same time, slow, and accomplished with the aid of all those muscles which usually concur to the performance of this act. The air issues from the glottis in a small noisy stream. The expiration, therefore, is here essentially active, the very contrary of what it is in the normal state: moreover—and I insist upon this point—it must be very slow, while the act of inspiration is performed rapidly.

"This new rhythm it is very necessary to be aware of, because the character of certain pathological auscultatory sounds, which are thence derived, is more or less altered in consequence. In truth, if, as M. Beau believes—and in this opinion I quite agree with him—the blowing sounds and their numerous modifications really take place and are formed in the larynx, and are transmitted to the ear through the indurated lung by the air in the trachea and bronchi, it must follow that they (the sounds) will be the more distinct and obvious in proportion as the passage of the air is accompanied with the most blowing noise in the larynx. Now this is what we perceive to be the case in the adult. The inspiration is slow, and the expiration is rapid; the inspired air therefore passes more silently through the larynx than that which is expired; and thus it is that the blowing sounds are most distinctly audible during the act of expiration. But if—as in the case of the restless child—the inspiration be performed rapidly instead of slowly, the blowing sounds are heard during expiration when it (the child) is calm, and during inspiration when it is restless and crying."—*Ibid.*

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

*Case of Ulceration of the Duodenum, in which the gall-bladder was filled with a colourless aqueous fluid, and contained numerous gall-stones.* By C. J. ROBERTS, M. D., Physician to the Welsh Charity, &c.—The author only saw this case a short time previous to death. The patient was attacked with violent vomiting on Tuesday evening, which resisted all the means employed to subdue it, and he sank on the following Thursday, at 2 o'clock, P. M. On examination after death, the intestines were very slightly glued together by lymph. The inner membrane of the stomach had many ecchymotic spots on it of a very deep colour. The duodenum was ulcerated through its entire length; the liver small, but healthy; the gall bladder was distended, and at its apex there was a small vesicle more translucent than the other portions of the bladder, looking as if from a rent of the two outer coats, and a protrusion of the inner one. On opening it, more than 4 oz. of a perfectly limpid transparent fluid escaped, but unfortunate-



ly none of it could be collected for examination. There were more than a hundred gall stones in the gall bladder, about the size of peas. The kidney and bladder were healthy.

The author remarks that cases where a number of gall stones have been found after death, without their presence causing irritation, or being suspected, are not rare ; but that the total absence of bile, or rather its place being supplied by an aqueous fluid, are not common. He observes, however, that allusions are made to it by some of the older authors, as Fernelius and Haller, and also that mention is made of an altered condition of the biliary secretion, by Andral, and by Drs. Graves and Stokes, as well as by Dr. Thomson, in his Practical Treatise on Diseases of the Liver.

He concludes by observing that the most extraordinary part of the case is, the fact that the man never made any complaint of hepatic derangement during life-time. He was never jaundiced, nor had pain in the right side, notwithstanding one of the calculi was firmly grasped by the duct.

*Case in which the Vena Cava Inferior was obstructed from the commencement of the common iliac veins, and its cavity obliterated between the entrance of the emulgent and hepatic veins.* By THOS. BEVILL PEACOCK, M. D.—This was a case of complete obstruction of the inferior cava, from the uterine and common iliac veins to the entrance of those from the liver. The obstruction in the former vessels, and the inferior portion of the cava, was the result of the adherent masses of pale lymph, while above, the vessel was converted into a ligamentous cord. The right kidney was in an advanced stage of granular degeneration, the left completely atrophied ; the liver was also of small size. The author considered the disease of the vein to have been wholly unconnected with the death of the patient, and ascribed the general dropsy under which she laboured during the last period of her life, to the condition of the kidney and liver. The circulation had been maintained by means of the branches of the vena azygos. The author was of opinion that the adhesions of the uterus to the adjacent organs, and the appearances of the veins, as exhibited in the preparations shown to the Society, were conclusive of the dependence of the obstruction in the vein on inflammation of the vascular tunics.

Mr. Stanley pointed out the features of interest in Dr. Peacock's paper ; viz., the obliteration of the inferior vena cava, and the substitution of a collateral circulation by means of a great enlargement in the vena azygos, without any perceptible increase in size of the superficial abdominal veins.

Dr. Budd remarked that although we were well acquainted with the effects of adhesive phlebitis when occurring in the veins of the extremities, we had not sufficiently attended to the influence of this disease in producing atrophy of the glandular organs. The paper before the Society seemed to him to bear on this subject. He (Dr. Budd) had seen instances in which both the liver and kidney had

become atrophied to a great extent from the presence of adhesive phlebitis in the portal and renal veins. He had seen the liver so atrophied as to be indented with deep fissures, and on examination it was found that the branches of the portal veins supplying the atrophied parts were completely obliterated, as the result of phlebitis. He had seen the same effects in the kidney from a like cause.

Mr. Stanley referred to two cases of adhesive phlebitis, which occurred in St. Bartholomew's Hospital; in one, the popliteal vein, in the other, the veins of the arm, were affected with phlebitis, as was evidenced by all the signs and symptoms of that disease; and yet after a time the circulation in the affected veins was completely restored. He inquired if any member present had seen similar cases?

Dr. J. C. B. Williams considered that the pathology of the veins was not sufficiently understood. He took occasion to refer with commendation to Mr. Paget's paper, published some time since, on this branch of pathology, and related a case in illustration. It was an instance in which disease of the veins existed at the same time with disease of the lung. The physical signs were those of pleuro-pneumonia affecting two-thirds of one lung. The symptoms, however, were too severe to be explained simply by this condition, for not only was there extreme difficulty and obstruction in the breathing, but the countenance was remarkably livid, and the œdema of lower extremities rapidly supervened. The patient died, and on examination two lobes of the right lung were in a state of complete carnification, and on being divided by the knife were found to be very red in the interior. The pulmonary veins were much enlarged, and were found to be obstructed by the adherence of large clots to the lining membrane. The vena cava ascendens, and other important veins in the body, were affected in a similar manner, and yet there was no evidence whatever of any recent inflammatory action; on the contrary, the lining membrane was paler and softer than usual, and contained patches of atheromatous deposit. This fact, taken in connection with others of a somewhat similar kind, had led him to consider that many cases supposed to be phlebitis were not so in reality, but that the symptoms presented to us depended on an adherence of the fibrine of the blood, or of coagula, to the coats of vessels, which by the influence of previous disease had become roughened. If we reasoned by analogy, there was good ground to suppose the doctrine correct, for it was well known that the lining membrane of arteries became altered by old age, or some other cause, totally independent of inflammation.

Mr. Fergusson had met with two cases of obstruction in the venæ cavæ, one of the superior, the other of the inferior vein. The first case occurred in a subject in the dissecting-room, and in this instance the collateral circulation had been carried on by the vena azygos greatly enlarged, assisted by the branches which communicate with it. This case bore out the description given by Dr. Peacock in his case, as to the influence of the azygos vein in carrying on the circulation. In the second of these cases, the patient had died three weeks after giving birth to a child, and although she was attended by observ-



ant and skilful practitioners, no idea had been entertained by them of the true nature of the case; neither, indeed, were there any symptoms to guide them to an accurate diagnosis. On examination after death, nothing at first was discovered to explain the fatal result. The parts in the neighbourhood of the spine were subsequently examined, and it was then found that the inferior cava was completely blocked up with lymph; it also contained pus in its interior, and there was pus also on its outer surface.

With respect to Mr. Stanley's inquiry, the speaker referred to cases in which varicose veins of the lower extremities had been attempted to be obliterated by the passage of needles under, and string over them. In many cases there was every indication of inflammation having been established; yet, after the expiration of ten, twenty, or forty days, the blood commenced to flow again through these vessels. Cases of the kind were not uncommon, and had probably been seen by many present. These cases had led him to believe, contrary to the common opinion, that adhesive inflammation of the lining membrane of veins was by no means an usual occurrence, nor easily set up.

Dr. Peacock did not agree with Dr. Budd, with respect to the influence of adhesive inflammation on the atrophy of the glandular organs. In his own case he felt convinced that the glandular disease had preceded that in the veins. Besides, the liver in this instance was atrophied, whilst the portal venous system was healthy. The atrophy of the kidney of one side depended on granular degeneration, and the enlargement of the other had its origin in the same disease in a less advanced stage. He considered, in his case, that there were unequivocal proofs that the morbid appearances in the veins were the result of adhesive phlebitis.

Mr. Snow referred the origin of the adhesive phlebitis in Dr. Peacock's case to inflammation of the uterus, in which the veins of that organ had become involved, the disease consequently spreading to the larger vessels. The state of the uterus and its morbid adhesions proved that inflammation had existed in it at some previous time. Mr. Fergusson's last case illustrated the same point.—*Lon. Med. Gaz.*

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*Removal of part of the Base of the Tongue.*—M. Sédillot operated in the following manner in a case in which the left half of the tongue was involved in cancerous ulceration, extending back, nearly to the epiglottis. After extracting the first left incisor tooth, a vertical incision was made to the left of the median line, through the lower lip, the integuments of the chin and neck, down to the os hyoides. A narrow bistoury was then passed behind the corresponding portion of the maxilla, after which the bone was divided by a single stroke of the saw. Two assistants having then separated the branches of the maxilla, the soft parts of the left side were divided as far back as the palate by means of a straight bistoury, and then the diseased portion of the tongue was removed by an incision through the mesian

line, carried out behind with a sweep, parallel with the epiglottis. The lingual artery was tied: the dressing consisted in placing the portions of the maxilla in apposition, and so retaining them by means of a plate of gold, retained in front of the teeth by means of a silk thread. The lip was brought together by means of the twisted suture, and an opening was left in the integuments of the neck, for the passage of pus and mucus. In nine days after the operation, the lip became united, the jaw-bone consolidated, the wounds of the tongue and mouth healed, and everything in fact indicated complete success. There was no tendency to retraction of the tongue, as the *genio-glossus* muscle was uninjured.—*London Med. Times*.

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*Treatment of Chancres.*—Mr. T. Bartlett, an army surgeon, treats chancre in the following manner, his object being to obtain cicatrization as speedily as possible, in order to prevent absorption of the venereal virus, and consequent secondary symptoms:—He applies a dry stick of lunar caustic lightly over the whole surface of the chancre, and then dry lint; on the falling off of the slough, which sometimes takes place in twenty-four, but more generally in forty-eight hours, dry calomel is generally sprinkled over every part of the sore, previously well-washed; after which a strip of lint, sufficiently long to surround the penis, is applied, after it has been wetted with cold water. The further treatment consists in applying calomel and wet lint once a day in this way, after the sore has been thoroughly cleansed from all the discharge by lukewarm water. When there is a short prepuce, strips of sticking plaster are required to approximate its extremities to prevent the lint falling off. Whenever the chancre affects any portion of the frænum, division by the knife is necessary, to prevent the cure being retarded. No constitutional treatment is necessary. Mr. Bartlett states that he has had only one case of secondary symptoms since he adopted this plan of treatment, and in that case it appears to have been owing to neglect on the part of the patient. In another case, that of a man of weakly habit and sickly appearance, sloughing of the cellular membrane of the prepuce supervened, and was successfully treated with poultices, warm fomentations, &c.—*Ibid*.

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*Lardaceous Scirrhus of the Lung, involving the First Rib, Clavicle, &c.*—A warper, 41 years of age, came under Dr. Tinniswood's care, having had cough and dyspnœa for twelve months, together with mucous expectoration, occasionally tinged with blood, and dull respiration on the right side, puerile and sonorous on the left. There was a large hard tumour on the right side of the neck, apparently rising from the first rib and clavicle. This had existed six months. This tumour continued to enlarge: the face and arms became anasarcaous, and the veins of the breast tortuous and enlarged. About three weeks before death, the clavicle fractured. On examination of the body, the clavicle was found involved in a lobulated tumour, which extended up the neck, and encroached upon, and somewhat displaced,



the vessels of the neck. The subclavian and innominate arteries passed through it; they were somewhat thickened and enlarged, whilst their accompanying veins were almost obliterated, especially the internal jugular, which was a mere thread. The tumour occupied all the left side of the superior thoracic opening, passing up from the lung, in the substance of which it seemed to have originated; the upper lobe being entirely occupied by it, whilst the middle was gradually assuming the same character, being condensed and completely solidified. The neighbouring muscles were also being involved in the diseased growth, and the cells of the first rib and manubrium of the sternum were filled with scirrhous matter. The clavicle itself had been gradually absorbed in the tumour, till a mere spicula remained, which had at last given way. The bronchi of the left lung were considerably dilated.—*Ibid.*

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*Malformation of the Genitals.*—Mr. Terry examined a child, aged two months, at the Northampton General Infirmary, on account of a malformation in the organs of generation. The mother, and grandmother, who came with the child, said that the external opening was closed, and the water came the wrong way, and that she was born so. At first, it appeared to be a common case of imperforate vagina. There was, however, a little fulness, and a slight degree of prominence, at the lower part of the supposed closed orifice, and, on proceeding to separate the adhesion, which required no cutting, and very little force, there was found something which looked like a penis.

The parts were separated more extensively, and the parts which had been concealed more minutely examined; a glans penis and prepuce were then discernible, and the penis was complete, though confined and bound down to the neighbouring parts. The vagina was sought for, but in vain. The scrotum, with one testicle down, and the other descending, was gradually developed, and the little patient was presented as an entirely male child. There was a slight indentation at the orifice of the urethra, but the canal was impervious. and the urine passed through a little opening behind the corona glandis, just at the insertion of the frænum preputii. There was a large quantity of loose cellular substance, covered by integument in the neighbourhood of the parts, so that even after the separation of all the adhesions, the slightest lateral pressure with the fingers gave again the appearance of a closed vagina, covering and entirely hiding the penis and scrotum as before. The case is detailed in the *Provincial Medical Journal*.—*Ibid.*

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*Passage of Metallic Mercury into the Blood and various Organs of the Body.*—M. Oesterlen has performed a number of experiments on animals, with the view of determining this point. The results of these are as follow:—

1. It is indubitable that mercury may pass, in the metallic state, through the parietes of the blood-vessels, since minute globules of it have been found in the subcutaneous cellular tissue and in the veins

permeating it. The globules have never been discovered in the epidermic layers, cut only in the deep-seated layers of the dermis, near the blind extremities of the hair-follicles; also in these follicles and in the sudoriferous canals. 2. The metallic mercury, rubbed on the skin or introduced into the intestinal canal, may give rise to injurious effects, by passing into the current of the circulation. It is not easy to determine in what manner the metallic mercury, when once introduced into the circulation, becomes changed and modified, or how it then acts. At the side of the shining globules, M. Oesterlen always found a number of dull and dark-coloured corpuscles, which resembled a good deal the granules of a mercurial oxyde; these were found to be not acted upon by alkalis, but to be dissolved slowly in strong nitric acid, after being ground down into a fine powder. In the urine and in the bile, the mercurial globules did not exhibit any appearance of decided change. 3. Minute globules of this metal, in the state of fine division, may traverse the capillaries without producing any inflammatory *stasis*: their presence in the vessels does not seem to influence the formation of the blood or the development of the sanguineous corpuscles. 4. Small quantities of mercury, taken inwardly or applied on the skin, appear to pass chiefly into the parenchymatous substance of the spleen, liver and kidneys, and to be discharged by the last two emunctories.

M. Oesterlen has never been able to detect the presence of any globules in the *cells* of the liver, or in the corpuscles of the spleen, or in the minute tubercles of the kidney: they were always on the outer surface of these organs. He conjectures that they may have escaped from the anatomical preparation, after it had been put up. He has, however, detected them in the saliva and also in the urine.—*Med. Chir. Rev. from Roser's Archives.*

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*Section of the Flexor Tendons of the Knee in White Swelling.*—One of the most successful applications of tenotomy is unquestionably that of dividing the flexor tendons in certain cases of diseased joints, with the view of insuring the perfect quietude of the articular surfaces. It has been tried by several surgeons in white-swelling of the knee, and, we rejoice to say, with very promising success.

M. Ribes, a man of great experience, has recorded his opinion of the practice in the following words:

“The medical art is rich in therapeutic remedies for the relief of white-swelling of the knee-joint; but, in almost all cases, a simple cause has made them to prove utterly inefficient. This cause is the forced and permanent contraction of the flexor muscles of the leg. *Eh bien!* Why should we not perform, at the proper time, the subcutaneous section of the tendons of the Semi-membraneus, Semi-tendinosus and Biceps muscles, which keep up this uneasy state of things? By this easy operation, we may rationally hope not only to relieve the existing pain and distress, but also very materially to promote the formation of ankylosis, and consequently the cure of the disease. This simple and safe operation is already admitted and recognised by surgeons.”



M. Ribes is one of those men whose name alone is worth a multitude of authorities, and whose simple approval will often weigh more than the most elaborate commendation of others.—*Ibid.*

*Spontaneous Rupture of the Inferior Cava.*—A young soldier, of a robust constitution, was seized on the 30th of December with pain in the abdomen, chiefly in the umbilical region; it was not increased on pressure, nor accompanied with any other marked symptom. The medical officer of the regiment regarded it as *enteralgic*, and prescribed rest and a gentle aperient. As the patient was no better in the evening, the cupping-glasses were applied on the right side of the abdomen, and gave immediate relief. He was left asleep at night, and early next morning was found dead in his bed. It deserves notice that this man had enjoyed excellent health up to the day when he was seized; the day before, he had mounted guard as usual.

*Dissection.*—The abdomen was much distended, and exhibited numerous dark patches of discolouration. On dividing its parietes, a large quantity of blood flowed out. It was long before we could find out whence it had proceeded. At length it was discovered that there was a rent—large enough to admit the point of the finger—in the inferior cava, on the level of the last dorsal vertebra: its edges were irregular and fringe-like. All the viscera were quite healthy. It follows from the pathological appearances in this case discovered on dissection, 1st, that the death must have been rapid; and 2nd, that the perforation of the vena cava was probably consecutive upon an atrophy of the parietes of this blood-vessel.

The opinion of M. Vidal (de Cassis) on this subject is thus expressed in his "*Traité de Pathologie Chirurgicale et de Médecine Opératoire*":—"Atrophy, when extending to each of the membranes which compose a blood-vessel, or even affecting but one of them, necessarily weakens it, and sometimes reduces the vascular parietes to an extreme tenuity. Hence arises the fear of these ruptures, which have been observed in the superior cava, the *venæ portæ*, &c. These ruptures are either with or without some appreciable morbid lesion."

M. Andral, in his "*Precis d'Anatomie Pathologique*," cites a case in which, in the middle of a scuffle, a man in good health fell down suddenly, and expired in a few seconds. On opening the body, there was found a perforation of the abdominal vena cava. The edges of this perforation seemed as if it had been torn; but around it, the vessel appeared in a perfectly healthy state.—*Ibid.*, from *Annales de la Chirurgie*.

*Analysis of the Blood in a case of Lead Colic.* By PROFESSOR COZZI.—Professor Cozzi, in analysing the blood of a person severely affected with Lead Colic, discovered that the lead existed in the state of a salt or of an oxide of the metal. He at the same time ascertained that the lead was neither united with the hæmatosin nor fibrin, but was wholly contained in the albumen of the blood.—*Ed. Med. Surg. Journ.*, from *Journ. de Pharmacie*.

*Rare case of Milk Cyst in the Breast, under the care of M. JOBERT, Hôpital Saint Louis.*—A young woman, aged 26, of good constitution, was admitted into hospital on account of a tumour of the right breast: it had attained the size of the head of a child nine months old, was globular, without change of colour in the super-incumbent skin, was without pain, resistant, hardly compressible, but evidently fluctuating, yielding the sensation of a vessel very full of fluid; it was moveable at the base, and could even be somewhat displaced under the integuments. The skin covering it was thin and flabby, rolling under the fingers, and yielding a sensation similar to that which would be produced by granular bodies situated below the cellular tissue; two large veins ran vertically over its surface. The tumour was situated exactly at the internal side of the nipple and mammary gland; it was pendulous, and in the course of its development had pushed the gland upwards and outwards, the latter, however, partially adhered to it. There was no transparency on examining it with a candle. On pressing the nipple, milk could be squeezed out; this, however, was also the case in the other breast, as the woman had had a child two months previously. The following is the patient's own statement regarding it:—She has had four children, and the tumour first appeared six years ago, after her first delivery; it was small at first, and on pressing it, milk appeared at the nipple, even a long period after the delivery. After her second confinement the tumour increased in size, as it did also after her two subsequent; pressure on the tumour always caused milk to escape by the nipple, so that from the period of her first confinement the milk had never entirely disappeared from that breast. The tumour, however, acquired its greatest development only after the last delivery; at that period it was much larger than it is now, and was accompanied with a painful feeling of distention, which was only relieved by squeezing out the milk from the breast by means of repeated pressure: this, at the same time, caused the tumour to diminish in size. Such is the history of the disease. M. Jobert diagnosed a cyst. But no one suspected the nature of the fluid it contained. Previous to operating, M. Jobert made a small exploratory puncture by means of a trochar; to his astonishment there immediately followed a jet of pure milk, a glassful was allowed to escape, which was afterwards sent to the laboratory of the Faculty for analysis. It was inodorous, and had the slight opaline tint of healthy milk. As M. J. had no expectation of being able to cure the tumour by evacuating the fluid and injecting irritating substances into the cyst, owing to the enormous size of the pouch, which rendered it impossible that its thin and flabby parietes would contract sufficiently to adhere, and as the patient urgently requested to be relieved of it in the speediest way, he determined to remove it by operation. By means of a bistoury he made an oval incision, and dissected out the flap so as to remove part of the loose superabundant tissue; he then opened the cyst, and nearly a pint of milk escaped; the entire removal of the pouch was accomplished by dissection by means of scissors, bistoury, and forceps.



The cyst adhered, at its upper and external part, to the mammary gland, it had also formed attachments to some small neighbouring tumours; the whole of the diseased parts were completely dissected and removed. The wound having been washed, and several small vessels tied, milk was perceived to escape from a point at the bottom of the wound corresponding to the mammary gland. It proceeded from some lactiferous vessels which communicated with the cyst, and had been divided. The wound united by the first intention.

On subsequent dissection of the parts, several remarkable, as well as unexpected conditions were found. The principal cyst was of large size, thin, and polished, like serous cysts in general; in its centre, there was an ulcerated spot of the size of half-a-crown, with raised irregular edges; its base appeared somewhat infiltrated with milk. On examining attentively this serous pouch, several small openings were discovered; through one of these a probe was passed, which led to a group of granulations in the mammary gland which had been removed along with the cyst. This passage was discovered to be an enlarged lactiferous vessel, and there were many others. It was now evident that several enlarged and hypertrophied lactiferous vessels proceeded from various granular groups of the mammary gland, and communicated with the cyst; and that, through them, the milk which had been met with, had been poured. This also satisfactorily explained how milk should have escaped from the nipple when pressure was made on the tumour, and its diminution in size. The lateral cysts were three or four in number; one of them had attained the size of an egg, the others that of a nut, they all contained milk, and communicated with groups of granulations in the gland.

Mention has been made of milk cysts in the breast in several works, and also by Dupuytren in his lectures. But a general description of these tumours has nowhere been given, and the details of individual cases which we meet with are usually so slight, that we may safely assert that the nature of these cysts has yet to be studied. A paper on this subject, however, has appeared from the hand of the celebrated Sir Benjamin Brodie of London. The general description given by Sir B., is entirely confirmed by the case of M. Jobert. It is impossible, indeed, after mature deliberation, to doubt that these cysts owe their origin to a dilatation of some of the lactiferous vessels, and that the ulceration met with in the case of M. J., was but the commencement of a fungous process which occurs at a certain period of the disease, exhibited by the facts stated by Sir Benjamin. According to the latter, it is absolutely necessary to remove the whole breast; but it is probable that, in the case of M. J., a cure may be effected by the removal of the cyst alone. It remains to be seen, however, whether the small tubes yielding milk at the bottom of the wound will be obliterated, or whether they will again produce a new cyst; the result of the case alone will show.—*Lon. and Ed. Month. Jour., from Annales de Thérapeutique.*

*Case of the Congenital Deficiency of the Sternum.*—A man, strong and well-built, 5 ft. 3 in. German (about 5 ft. 4 in. English) in height, and 22 years of age, was found, on examination for military service, with a remarkable deficiency of the sternum. In the middle of the chest the motions of the heart could be perceived at a considerable distance. The sternum was entirely wanting, with the exception of a small rudiment in the situation of the ensiform cartilage, so that the heart was only covered in the middle line of the thorax by the common integuments. On applying the hand, the alternate contractions of the auricles and ventricles could be distinctly perceived. The extremities of the ribs on either side, where they ought to have been in contact with the sternum, were found connected in a continuous, apparently cartilaginous line. The young man declared that he had always enjoyed good health, and that he had never suffered from the deficiency pointed out, in his business of musician.—*London Medical Gazette, from Med. Zeitung.*

*Melancholia Puerperalis Attonita.*—A female in her first confinement had the misfortune to *overlie* her four days old infant, and in addition to her own distress, was scolded unmercifully by her husband, a violent man. The change that came over the poor woman was so great and sudden, that on my entrance into the room I saw death in her features. Her consciousness was intact, she had no fever; the vegetative functions appeared all to be unaffected; but the expression of the countenance was sorrowful, suffering, and yet indifferent—indescribable, but which once seen can never be forgotten. My unfavourable prognosis was not believed: the patient was comfortable, and they sent for another physician, who prescribed antiphlogistic means, apprehensive of puerperal fever, and then, when the powers of life began suddenly to fail, cordial and stimulating remedies; but all in vain; in three days the patient was a corpse.

This was no case of puerperal mania, nor yet of puerperal typhus; the cause of the mischief, as I apprehend it, lay in a kind of paralysis of the sensorium commune; not material, but mental, and striking at the very roots of life. I saw that we were without means of dealing with so serious a mental impression as had here been made. Although there is little in a name, yet I have ventured to propose one for this form of mental disease; or if the reader prefers it he may say that the patient died of a broken heart.—*Ib., from Dr. Lion, in Casper's Wochenschrift.*

*Ovarian Dropsy, discharging itself by the Umbilicus.*—A woman, 28 years of age, had suffered for two years with dropsy of the right ovary. When the swelling had increased to a great size, the parts around the navel began to get hard; the navel itself projected, and finally gave way, upon which, and for a long time afterwards, there followed a discharge of purulent lymph, accompanied with a notable and progressive diminution of the abdominal enlargement. Shortly after her recovery this woman married, became pregnant, and gave



birth to a strong boy. After delivery the abdomen did not shrink in the usual degree; by and by, on the contrary, it increased in size again, which increase was owing to an ovarian dropsy, which went on augmenting in size, and at length terminated in the formation of an abscess as on the former occasion.—*Ib.*, from Dr. Lambrecht, *Medicinische Zeitung*.

*Amnesia complicating Acute Rheumatism.*—A gentleman, by exposure to cold, contracted a fixed rheumatic pain in the neck, for which he only sought assistance eight days after the commencement of the attack. He had already been subjected to rheumatism, but had always recovered without medical assistance till now. He was ordered dry cupping over the part affected, and fifteen drops of colchicum wine every two hours. He was also desired to keep himself warm; but having, instead of this, exposed himself anew to cold, I was required to visit him several times on the next succeeding days, on account of several new and rather alarming symptoms, which led me to infer a metastasis of the rheumatism to the membranes of the brain. The patient could only utter, with extreme slowness, and stammering all the while, a few unconnected words, and had no power to name the articles of every-day life that were set before him, such as a book, a knife, a pen, &c.; the patient, nevertheless, could write their names down, and appeared perfectly to understand all the questions that were put to him concerning them. When the name of any thing placed before him was given him, he could also repeat it readily enough. The motions of the tongue appeared to be unaffected. The application of eight cups, with scarification behind the ears, succeeded by a blister, completely removed this condition. The rheumatism reappeared in the neck, and required further treatment.—*Ib.*, from Dr. Linsem, in *Medicinische Zeitung*.

*On Preserving Bodies for Dissection.* By JOHN INGLIS NICOL, M. D., Inverness.—I read with much interest, in the *Lancet* for the 29th of June last, Mr. Derhust's communication on the subject of Mr. Brookes' method of preserving bodies for dissection, by means of a saturated solution of the nitrate of potash, as it brought before me vivid recollections of a variety of incidents connected with its use.

The colour of the muscles and other textures was preserved while unexposed, for a considerable length of time. In cold weather it answered the purpose admirably; but in the hot season, however, when the parts were once exposed, they speedily lost colour and assumed the usual aspect of decomposition; and this was not all,—under night the subject became infested with maggots, the clearing away of which in the morning was an occupation of the most revolting character, which made the atmosphere of the room peculiarly offensive.\* To obviate these annoyances, Mr. Brookes adopted the

\*The remarkable rapidity with which these larvæ are produced is well known. I have often seen the cavities of the thorax and abdomen literally filled with them in the morning, although the operations of the previous day rendered scarcely one of them visible at night.

use of the bi-chloride of mercury with happy effect. I recollect well its first introduction about thirty-five years ago into the Practical-Room of my excellent preceptor and valued friend Mr. Carpue, where it was highly prized by the pupils. This process, however, had also its defects. The textures were undoubtedly preserved; but they speedily lost colour, and although the invasions of the maggots were prevented, and the atmosphere rendered more pure, the solution being used unnecessarily strong, the edge of the scalpel became speedily blunted, and the whetstone and strop were never out of the dissector's hand.

For a great many years I have in my occasional pathological examinations used a combination of the nitrate and bi-chloride, with most satisfactory results. I use from five to ten grains of the bi-chloride dissolved in a pint of water, and to this solution I add as much nitrate as it will dissolve. While the nitrate preserves the colour, the quantity of the bi-chloride is sufficient to prevent the incursions of the maggots, and the process of decomposition is thus effectually retarded for such a length of time as completely to answer every requisite purpose. Where this combination then has not been tried, I have no hesitation in recommending it as equal, if not superior, to any of those in present use.

In the preservation of timber and other perishable substances, the antiseptic property of corrosive sublimate under Kyem's patent, has now for a good many years been abundantly tested, and the subject of much notoriety: it has only failed where it has not sufficiently penetrated the substances subjected to its influence. In all my trials of its efficacy, nothing could be more satisfactory. To the naturalist I hold it to be invaluable; for if the skin of any animal is dipped into a solution of the above mentioned strength, and thereafter dried, neither moth nor maggot will ever make any impression on it, nor will the colour of either hair or feathers be in the slightest degree injured or altered.—*London and Edin. Monthly Journal.*

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*Case of Disease of the Bones and Joints of the Lower Extremity;—Spontaneous Dislocation of the Hip Joint;—Amputation;—Discharge of Calculi from the Bladder;—Recovery.* By WILLIAM MONRO, M. D., Surgeon to the Dundee Infirmary.

*Jan. 2, 1841.*—George Nicol, aged 6, fell when engaged in play, upon his left knee. He did not complain much of the part for two days, when swelling appeared on its anterior surface, extending down the limb,—confining him to bed, with inability to move. The swelling then increased, attended by great constitutional disturbance, and heat and redness, extending as far as the ankle, but being most considerable over the upper third of the anterior aspect of the tibia. Leeches and aperients were ordered, and repeated for a few days. An incision was then made about two inches below the head of the tibia, which gave exit to a considerable quantity of unhealthy purulent matter. The bone was bare. For several days the patient im-



proved; but subsequently, the inflammation attacked the knee-joint, with suppuration and ulceration of the cartilages; great thickening of the femur itself, followed by openings on each side of the knee-joint, which discharged unhealthy pus, and through which the bone could be felt bare. At this time, the tibia became exposed throughout its whole length, without any attempt at reproduction.

About the first of February, he complained of pain in the right hip, which for some days was attributed to pressure from lying upon it. On the fourth, however, after more careful examination, it was found to be much swollen, red and painful directly over, and for some extent around the head of the femur. Warm poultices and fomentations were applied; and in a few days fluctuation was detected. On the 13th a small opening was made in the most prominent part, by which was discharged about three ounces of unhealthy curdy pus. The wound continued to discharge for a considerable time, but the swelling and pain greatly diminished.

*March 2.*—On consultation with Dr. Gibson, the head of the femur was found completely luxated, and drawn upwards and backwards on the dorsum of the ileum; the discharge was now moderate, and the swelling nearly gone. Pressure over the joint was made by means of strips of adhesive plaster, a compress and bandage; and in the course of three weeks the sinus healed. Ultimately the swelling and pain entirely disappeared, and nothing remained except the complete dislocation.

It may be scarcely necessary to remark, that during this long and severe illness, the boy's general health had suffered greatly. He became extremely emaciated, had a quick pulse, night sweats, occasional diarrhoea, loss of appetite, and all the usual symptoms of hectic fever. Care was taken to regulate the bowels by diet and medicine. The body was frequently sponged with vinegar and water, with great comfort and advantage. His diet had been chiefly farinaceous, with, occasionally, light soups; but wine and malt liquors have never been found to agree with him. Quinine, also, was several times tried, but without advantage; small doses of Dover's powder, with hydr. cum cretâ, and rhubarb, were frequently administered, with the best possible result.

*June 1.*—The fever has considerably abated; the appetite is improved; the bowels less relaxed; the skin softer; the tongue moist, but reddish at the tip and edges. The right hip is free from pain and swelling; its motions are greatly impaired, but the joint is not ankylosed; the left knee is discharging unhealthy matter from several openings in both its inner and outer sides; there is also an opening about three inches above the joint on the inside of the thigh, through all of which diseased bone can be easily detected by the probe. Several openings over the tibia continue to discharge a thin unhealthy matter, and that bone can be detected quite denuded of its periosteum throughout nearly its whole extent.

Having at this time consulted with Dr. Gibson and Mr. Kirkland, it was agreed that the left limb should be removed at the upper third

of the thigh. This I accordingly did on the 7th, when I had the assistance of my friends above named. In consequence of the contraction of the knee-joint, the flexion of the leg, and the impossibility of extending it, I was obliged to take the flaps from the anterior and posterior surfaces of the thigh. They answered extremely well, forming an excellent cushion over the end of the bone. There was nothing remarkable in the operation. Three vessels required ligatures; very little blood was lost. He stood the operation well. The wound was cleaned, and the edges immediately brought together, and retained by four stitches, strips of adhesive plaster, and bandages.

On examining the amputated limb, we found the whole tibia to consist of a soft brownish dirty-looking gelatinous substance, having a thin covering of dead bony matter, resembling, in consistence and thickness, the shell of an egg, with some lamellæ of bone passing through the gelatinous matter, the whole so soft that a probe could be easily pushed through it in any direction; indeed, had it not been for the soundness of the fibula, the limb could not have preserved its straight form; about three inches below the knee, an oblique fracture of the bone, if it could be called so, had taken place; this, however, I am satisfied, was only the result of the moving of the limb during the progress of the disease, and not the effect of the primary accident; there was, however, very little displacement. The heads of the tibia, fibula, the lower extremity of the femur, and the patella were so soft and spongy, that a knife could be easily thrust through them; for about two inches above the condyles, the femur had the same soft sponginess; above this, for some way, the periosteum was much thickened, and the cellular tissue infiltrated with lymph, which had assumed a firm fibrous appearance; the muscular tissue was pale and much wasted. The cartilages were ulcerated, and the joint communicated freely in all directions with the sinuses which existed around it. The epiphyses of the femur and tibia were loose, and almost separated from the shafts of these bones.

For two days the patient went on well. On the 10th June he complained of difficulty of voiding his urine, for which he had an anodyne, castor oil, and warm fomentations, with relief. On the 11th, however, he had complete retention, and on examination, I found a calculus in the urethra, about four inches from its extremity, completely obstructing the passage; by gentle pressure it was brought near to the extremity, and then scooped out. On the 12th the stump was dressed. Union by the first intention had taken place throughout the greater part of the wound. In the situation of the ligatures there was a considerable discharge of healthy pus. On the 15th (when one of the ligatures came away,) the wound was looking well, and the boy's health improving. On the 17th another ligature came away, and every thing was advancing favourably; he had some appetite for food, slept well at night, and appeared quite cheerful. His back, which had been much excoriated by being kept moist from the constant discharge of urine for several days, was much better, with superficial ulceration, looking healthy. He voided urine freely, and



without pain. His bowels were regular. On the 18th, he had sickness and vomiting of bilious looking-matter; was feverish, and without appetite. He was ordered to take at night, three grains of calomel, with two of Dover's powder.

*June 19.*—He was much better. His bowels were three times moved. The tongue was clean, and rather reddish. The stump looked well. The discharge was much less. About this time, he was raised frequently to the sitting posture, which he had not been for several months before, when an immense number of small calculi were discharged each time he voided his urine. I obtained about three dozen of them, varying from 1 to 3 grains each. I sent a number of them to my friend Mr. Goodsir, of Edinburgh, to have them analysed for me; and, in the mean time under the impression that they consisted chiefly of lithic acid, I put the patient under the liquor potassæ—prescribing a dose three times a day.

*June 22.*—The remaining ligature on the femoral artery came away. He still passed numerous calculi from the urethra. His general health was improved.

*July 8.*—He has had some slight feverish attacks since last report; and has passed several rather large stones with difficulty and pain. The stump is quite whole.

*July 25.*—He had complete retention of urine, from a calculus sticking in the urethra, about an inch from the extremity. It was removed by the scooped extremity of a director, with immediate relief.

*Sept. 1.*—He has been occasionally distressed from the passing of large sized calculi, some weighing six grains. The magnesia solution was substituted for the aqua potassæ.

*Sept. 22.*—He was very ill all night from a large calculus becoming impacted about the membranous portion of the urethra. After considerable difficulty I succeeded in breaking it into pieces, by means of Weis's instrument, after which it passed readily. For some time past his general health has not been so good. His bowels were occasionally relaxed, with loss of appetite, which I suspect to have been in a great degree owing to indulgence in fruit and indigestible food. He has had frequently small doses of Dover's powder, rhubarb, and hydr. c. cretâ.

*Oct. 1.*—The patient having long been accustomed to void his urine in the recumbent position, and finding that he still continues this practice, I have insisted upon his always being raised erect, and even bent forward when emptying the bladder. The general health is improving, and he is gaining flesh. The stump is very sound and firm, having a good soft cushion over the end of bone. The right hip is entirely free from pain or swelling, the head of the femur can be very distinctly felt lying on the dorsum of the ilium, which, however, admits of considerable motion.

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whatever, excepting the inability of using his right leg, which is stiff and weak.

From the above date, up to the present time, he has continued free from any disease, his urinary organs are completely sound, he has gained his former health and strength, and he is able to walk with the assistance of crutches.

11th July, 1844.—Since the above was written, the boy has continued in the enjoyment of excellent health, and is now able to use the crutches with great freedom, going and returning from school every day without any other aid.

On the 21st of February last I was favored with an analysis of the calculi by Dr. Wilson, of Edinburgh, to whom, and Mr. Goodsir, I beg to express my obligation; the analysis is so interesting, and the composition of the stones so unusual, that I think it proper to give Dr. Wilson's account of them in his own words.

*Analysis of the Calculi.*—By DR. G. WILSON.—“The calculous matter sent me for examination was found on analysis to contain the following substances :

Carbonate of lime,  
Carbonate of magnesia,  
Phosphate of lime,  
Muriate of ammonia, and  
Animal matter.

“The substances are arranged in the order of their abundance, carbonate of lime being the chief ingredient; but as the quantity of matter I had to operate on was small, I could not ascertain with exactness the relative proportions of each.

“The presence of animal matter is indicated by a transient charring and blackening before the blow-pipe, accompanied with the evolution of a peculiar and characteristic animal odour.

“When the calculous matter is digested in distilled water, and the liquid filtered, muriate of ammonia is easily detected in the solution; caustic potass evolves ammonia from the calculi, but the quantity is very small.

“The calculi dissolve entirely, and with lively effervescence in warm nitric or muriatic acid. Acetic acid dissolves only the carbonates, leaving untouched the phosphate which can be identified in the usual way. Oxalate of ammonia, employed with the usual precautions, precipitated the lime, leaving the magnesia in solution.

“Lithic acid was carefully sought for, but not could be detected.

“Calculi containing the carbonate of lime and magnesia are mentioned by Dr. Kane as occasionally occurring. Dr. Prout has seen some rare cases, where carb. of lime was the chief ingredient; Dr. Yellowly has found this carbonate present in a great number of phosphatic calculi; Prout, Faraday and Brande, had done so likewise. The muriate of ammonia, though not generally included amongst the ingredient of calculi, has been shown by Brande and Yellowly, to be almost invariably present, but in small quantity.”—*Ibid.*



*Death from an Overdose of Nitrate of Potass.*—An inquest has been lately held at Manchester, before Mr. Hudson, the Coroner, on the body of Wm. Ellison, aged about 60, who met his death under the following circumstances :

The deceased came originally from Runcorn, but had resided in the vicinity where he died, a number of years. He was in very indigent circumstances, getting his living by labourer's work. He had a sister and cousin residing in the town, by whom he was occasionally visited, but was generally regarded as a man of taciturn, reserved disposition, and held little communication with any body. For some time he had been troubled with scurvy, which affected his eyes, and he at length determined to get something to cure that disorder. He got a three-gill bottle from his cousin, three parts filled with water, and went with it to a druggist, whose assistant, at the request of the deceased, put into it one ounce of sulphur, two ounces of saltpetre, and half an ounce of cream of tartar. All these were put into the bottle, and mixed up together, the different witnesses understanding from the deceased, that the mixture was to stand in solution for three days, and then a portion of it might be taken ; but none of them knew how much.

This mixture had been recommended by a woman, who had found it efficacious in a similar case. On one of the following mornings the deceased was observed by the neighbours, residing in the same yard, to go to the necessary several times ; indeed, he was described as constantly running to and from that place ; but no one appeared to take particular notice, not liking to interfere in his affairs. At half past eleven o'clock, a groan was heard proceeding from the necessary ; but the deceased came out again, apparently very ill. At one o'clock he was observed to re-enter, and not coming out for half an hour, the neighbours began to confer with each other, and on one of them going in to see what he was doing, the deceased was found crouched down in one corner quite dead. It was proved in evidence, that up to that morning he had been in perfect health, and had been following his ordinary occupation ; that he was, in fact, a hale old man, and with the exception of a slight touch of scurvy, was not subject to any disorder which would at all account for his sudden demise ; the attention of the jury was, therefore, very naturally directed to the composition of the mixture which he was said to have taken, and to the effects which the ingredients of that compound would be likely to have upon his system. The remainder of the mixture, not more than half a gill, was introduced, and Mr. John Raynor, surgeon, sent for, and all the previous facts of the case having been recited to him by the coroner, Mr. Raynor at once concluded that the death of the deceased had been caused by an overdose of saltpetre, which had produced inflammation of the mucous membrane of the stomach and bowels, under which the deceased had sunk.

The quantity of saltpetre swallowed by the poor man was calculated at about ten drachms, and the jury at once returned a verdict : "Died from an overdose of saltpetre incautiously taken." The

druggist's apprentice was reprimanded by the coroner for selling the mixture without giving information as to the properties of its ingredients.—*Dublin Journal*.

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*Case of Bi-Partite Vagina; with Spontaneous Rupture of the Septum, and Natural Delivery.* By DR. VINCHON.—In August, 1842, I was called by a midwife to examine the genital organs of a primipara who had been in labour, from one evening to the next. The head, which was in the first position, was far down in the pelvis; and on a cursory examination, every thing gave promise of a speedy and favourable issue; but in carefully examining the vagina, a thick septum was detected, stretching vertically between the recto-vaginal partition, and the urethro-vaginal wall, beginning on a level with the posterior commissure of the urinary meatus, and terminating about two inches beneath it. The vagina was thus divided into a right and left canal. The mouth of the womb was quite free, because at the end of the septum, the vagina was single. The anormal condition just described gave rise to no inconvenience in sexual intercourse, as the penis could be introduced indiscriminately into one or other canal. The finger could be put in at one opening, carried round the septum, and brought out at the other.

As labour was advancing slowly, and the septum could at any time be prevented from impeding delivery by snipping it across with scissors, I satisfied myself by administering ergot of rye, and watching to see what nature would do. The head was neither directed to one side or the other by the septum, which by the force of the uterine contractions, was made to appear like a band across the head, in thickness similar to the umbilical cord. As the expulsive force increased, the band became thinner: from the absence of blood, and the effects of tension, it was rendered white like a ligament. Our intention now was to destroy this obstacle by cutting it through; but nature was more alert. All at once the membrane snapped across towards the anterior commissure of the vulva, yielding a noise resembling the slight crack of a whip, whereupon the head immediately came forth, and a healthy child was soon born. The portion of membrane attached to the posterior commissure was cut off with scissors.—*Lond. and Ed. Monthly Journ., from L'Expérience*.

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*Case of Fungus from the Synovial Capsule of the Knee, under the care of M. GERDY, of the Hôpital de la Charité, treated by Compression.*—The subject of this case is a young man, aged 30, of a lymphatic and deteriorated constitution. On the internal surface of the knee there is an ulcer of the size of the palm of the hand, from whose base has sprung an ill-conditioned fungus of the size of half an orange, and which, according to M. Gerdy, originates from the external surface of the synovial capsule, and has no communication with the joint. The articular movements are quite free, and cause no discharge of pus, as would be the case if the disease communicated with the synovial cavity. In M. Gerdy's opinion, this is the best



test that can be employed for the purpose of ascertaining if a tumour containing fluid, and which has been opened, communicates with the neighboring articulation or not. The patient has an affection of the same nature on the dorsal surface of the wrist. The fungus neither appears cancerous, nor has any tendency to bleed: at the knee, as well as at the wrist, it is composed of an enormous number of granulations of the size of a nut, having a greyish colour, and of a soft, dirty aspect, and yielding a large quantity of fetid pus. The means employed by M. Gerdy for the treatment of this affection are, compression by means of strips of adhesive plaster, and under the influence of these, and rest, the disease is improving. M. Gerdy has met with one other case of this rare disease; it was situate at the elbow-joint, and occurred in an individual in whom he had amputated the leg, but who refused to submit to the loss of his arm; it was treated by compression, and a cure followed, but there was ankylosis of the joint.

In a pathological point of view, this is a rare affection; indeed, it is the first time we have met with it. An attentive examination of the joint leads to the idea that there is hypertrophy of the whole synovial capsule, with tendency to fungus from its external surface. It appears to us that the affection may be compared to certain non-cancerous fungi which occur on the mucous membrane of the alveolar processes, and which have been denominated epuli. Its co-existence at the knee and wrist at one and the same time, and the deteriorated state of the constitution, would lead us to suspect that it originates from some peculiar diathesis. There are, however, no distinct signs of scrofula, although the patient has a pale cachectic look; but this appearance is, perhaps, an effect of the local disease itself. However this may be, M. Gerdy has commenced the treatment by compression, to which he proposes to add the internal use of the iodide of potassium. A marked diminution in the size of the vegetations has already taken place, under the use of the compression alone.—*Ibid*, from *Annales de Therapeutique*.

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*Treatment of Hydrocele with Ioduretted Injections.*—In more than 300 cases of this complaint treated with an ioduretted injection, (composed of tincture of iodine 4 parts, and distilled water 125 parts,) by M. Velpeau, not a single accident or unpleasant symptom has ever occurred. One of the patients indeed died; but the fatal result in this instance proceeded from a purulent inflammation of the cellular tissue of the pelvis, quite unconnected with the operation, and not having any communication whatever with the affection of the scrotum. The average period for effecting the cure was 15 days. In one case only the injection found its way into the tissue of the scrotum, in place of the tunica vaginalis: notwithstanding this misadventure, no appearance of gangrene supervened, and the patient recovered without any unpleasant accident.—*Med. Chir. Rev.*, from *L'Experience*.

*Case of Death following the Excessive Use of Ardent Spirits; in which Appearances simulating Irritant Poisoning were found on Dissection.* By JOHN INGLIS NICOL, M. D., Inverness.—J. F. a young man about 36 years of age, had indulged in drinking a considerable quantity of whiskey in company with some friends. On his return home, two of his companions accompanied him, as he seemed much intoxicated. They had walked but a short way up an acclivity, when he fell, uttered a few words, and immediately became quite insensible. His companions, supposing him merely to be very drunk, carried him home, and after very considerable difficulty they succeeded in placing him in his bed. They could not say whether he was drunk at the time; they only thought him to be drunk. He was found dead next morning.

Seven hours after he had been discovered in this state, a post mortem was instituted—a few scratches on left cheek—back and depending parts of the body very livid; and under the angles of the jaws and along the sides of the neck, the colour amounted to a deep purple.

Thoracic viscera healthy. In the abdomen the distention of the larger gastric and gastro-epiploic veins attracted immediate notice—liver congested. On opening stomach, there was an evident odour of ardent spirits. The œsophagus, stomach, and a large portion of the intestines being opened to view, the whole of the mucous membrane, from about half-way up the œsophagus, along the whole extent of the stomach and for about 18 inches along the intestines, was found highly injected. The vascularity of the corrugated part of the stomach was of a deep crimson color—œsophagus and intestines presented a like appearance. Whilst the head was being examined, a large quantity of liquid blood flowed from the divided vessels; apoplectic congestion of the vessels of the investing membranes was very evident. The opinion given was that death was caused by apoplexy. After a careful examination, not a trace of irritant or corrosive poison could be detected. Dr. Yellowly has given a paper published in the fourth volume of the Transactions of the London Medical and Chirurgical Society, from which it would appear that such cases as the present are of more frequent occurrence than is generally supposed.—*London and Ed. Monthly Journal.*

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*Death of Dr. Abercrombie.*—It is with great regret that we announce to the profession the death of Dr. John Abercrombie, which took place, suddenly, at his house, York-place, Edinburgh, on Thursday morning, November 14th.

Dr. Abercrombie was the son of the late Rev. Mr. Abercrombie, one of the ministers of Aberdeen. He took his degree at Edinburgh on the 4th of June, 1803, writing for his Thesis, "*De fatuitate Alpina.*" After studying in London for six months, he became a fellow of the Royal College of Surgeons, Edinburgh, and settled in that city. At this period Drs. Gregory and Munro Saunders were in full practice as consulting physicians. Dr. Abercrombie commenced as a general



practitioner, but from the first he succeeded in gaining, to a remarkable extent, the confidence of the public. His success is said to be owing to the assiduous attention he paid his patients. This he carried to an extent previously unknown, frequently visiting them three or four times a day. His unusual success created many rivals and enemies: these he disarmed, and even ultimately converted into friends, by the inoffensiveness of his conduct, and frequently by practising the Christian doctrine he professed, of returning good for evil. In 1808 he married a lady of considerable fortune, which enabled him to keep his carriage. In 1806 he made his first communication to our respected contemporary, the *Edinburgh Medical and Surgical Journal*, entitled, "A Case of Cynanche Laryngea." It is inserted in the twelfth volume of that periodical. In the pages of its subsequent numbers he became a frequent contributor, and they will be found to contain most of the cases and observations, which he afterwards embodied in his well-known works on the Pathology of the Brain and Abdominal Organs.

On the death of Dr. Gregory, in 1821, he became a candidate for the chair of physic, held by that distinguished physician. Dr. James Home, however, at that time very popular as a professor of materia medica, was translated to the chair of physic, and was succeeded by the late Dr. Duncan. Dr. Abercrombie now joined the Royal College of Physicians, and gradually became the first consulting physician in the Scottish metropolis. In this capacity he acquired an extent of practice and public confidence which distanced all competitors.

Notwithstanding the harassing nature of his avocations, the contributions of Dr. Abercrombie to medical literature were numerous and important. In 1820 appeared his *Researches on the Pathology of the Intestinal Canal*. In 1828 was published his celebrated work, entitled, *On Diseases of the Brain and Spinal Cord*. It has been translated into most of the European languages, and has gone through three English editions. This was followed by an enlargement of his work *On the Intestinal Canal*, called *On Diseases of the Abdominal Viscera*, of which a second edition was required in 1830. In this year also he gave the public a book *On the Intellectual Powers and Investigation of Truth*, of which popular work several editions have been published. This was followed, in 1832, by *Suggestions on the Malignant Cholera*, and in 1833, by *The Philosophy of the Moral Feelings*.

In 1835 Dr. Abercrombie was elected lord rector of Marêchal College and University, Aberdeen, and published his inaugural Address, which afterwards appeared in an enlarged form, under the title of "Culture and Discipline of the Mind." In 1834 the University of Oxford conferred upon him the degree of M. D., and he was elected one of the vice-presidents of the Royal Society of Edinburgh.

In 1841 Dr. Abercrombie had an attack of paralysis, from which, however, he soon recovered, and resumed the active duties of his profession. His health remained good up to the moment of his decease. On Thursday, Nov. 14, 1844, after eating a hearty breakfast,

he was preparing to go out, as usual. The carriage was at the door, but as he remained longer than usual, a servant entered his private room, and found him lying on his face, dead.

On the following Saturday a *post-mortem* examination revealed the following facts :—The brain was very large, weighing forty-six ounces, but healthy in structure throughout. The pericardium was distended with blood, which had been poured out from a laceration in one of the branches of the coronary artery, about four lines in length.

In reviewing the reputation of Dr. Abercrombie as an author, we cannot but feel surprised that he should have attained so eminent a scientific position, independent of those means which with other men are necessary to its acquirement. He was never physician to any public hospital or dispensary, and all the facts with which his works are enriched were derived from private practice. Yet his treatises on the Brain and Abdominal Organs embody a mass of the most interesting cases and observations, and constitute most important contributions to the subjects of which they treat. Moreover, they tended to maintain and extend the scientific claims of British physicians, and this notwithstanding the *éclat* deservedly enjoyed by the pathologists of France. His philosophical work, *On the Intellectual Powers, &c.*, may still be considered the most interesting and lucid introduction to a study of the mental faculties, although it emanates from the same school which boasts of Dugald Stewart, of Reid, and of Brown. In his latter years, Dr. Abercrombie, by his writings, extended, in no small degree, a knowledge of the principles of revealed religion. The short essays he published on sacred truths have been most extensively read, from twenty to thirty thousand copies of each having been sold in a few years.

The private life and conduct of Dr. Abercrombie were not only irreproachable, but distinguished by the utmost philanthropy and good will towards all men. In him all the public charities of Edinburgh have lost a supporter, and many are the instances which might be related of the assistance he has rendered his professional brethren when in distress. Amongst others may be mentioned the case of a general practitioner, who, from a train of adverse circumstances, being declared bankrupt, received from Dr. Abercrombie the sum of one hundred guineas, on the day his effects were sold.

The confidence he enjoyed amongst the profession was deservedly great. He never attempted to supplant a brother practitioner, or ingratiate himself with the public by means unworthy the dignity of the physician. His manner towards a patient, indeed, was characterized by great taciturnity, although never by rudeness. All his appointments were kept with scrupulous exactitude, and to this, as well as the gentlemanly conduct he pursued in his consultations with the profession, must be attributed much of the extensive confidence they placed in him up to the moment of his death.—*London Lancet.*